

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771279

FILED
Mar 10, 2011
Secretary of State

Entity Name: DOLLY BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5901 US 19, STE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT INC
5901 US HWY 19, STE 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34608 US

New Mailing Address:

C/O QUALIFIED PROPERTY MGMT INC
5901 US HWY 19, STE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2383494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MGMT
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BOJKO, MIKE
Address: 2577 DOLLY BAY DR #S104
City-St-Zip: PALM HARBOR, FL 34684

Title: VP
Name: KOBIS, LEONA
Address: 2533 DOLLY BAY DR #L207
City-St-Zip: PALM HARBOR, FL 34684

Title: TD
Name: BAUTEL, DALE
Address: 2599 DOLLY BAY DR #T208
City-St-Zip: PALM HARBOR, FL 34684

Title: SD
Name: LEISSA, JANICE
Address: 2533 DOLLY BAY DR #L106
City-St-Zip: PALM HARBOR, FL 34684

Title: D
Name: WILDS, KATHRYN
Address: 2533 DOLLY BAY DR #L203
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIKE BOJKO

PD

03/10/2011

Electronic Signature of Signing Officer or Director

Date