

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15507 (9)

1. Corporation Name

DOLPHIN RUN OWNERS ASSOCIATION, INC.



Principal Place of Business

JAMES PARIVECHIO
P O BOX 13235
MEXICO BEACH FL 32410-3235
US

Mailing Address

C/O JAMES PARIVECHIO
RT. 3, BOX 156
PORT ST. JOE FL 32456
US

3. Date Incorporated or Qualified
06/19/1986

3a. Date of Last Report
06/01/1995

2. Principal Place of Business

21 1106 W 4th St

Suite, Apt. #, etc.

2a. Mailing Address

26 1106 W 4th Street

Suite, Apt. #, etc.

4. FEI Number
59-2897504

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WILLIAMS, JACK G.
833 HARRISON AVE.
PANAMA CITY FL 32401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME POITEVINT, JOYCE
STREET ADDRESS 1410 TALLAHASSEE RD.
CITY-ST-ZIP BAINBRIDGE GA

TITLE SDT
NAME TOBOLDT, WILLIAM A
STREET ADDRESS 1106 W 4TH ST
CITY-ST-ZIP LYNN HAVEN FL

TITLE PD
NAME PARIVECHIO, JAMES
STREET ADDRESS HWY 98 W / P O BOX 13235
CITY-ST-ZIP MEXICO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME 1410 Tallahassee Rd.
1.3 STREET ADDRESS Bainbridge
1.4 CITY-ST-ZIP GA

2.1 TITLE Treasurer
2.2 NAME 1106 W 4th St
2.3 STREET ADDRESS Lynn Haven
2.4 CITY-ST-ZIP Florida 32444

3.1 TITLE Secretary
3.2 NAME Penne Adams
3.3 STREET ADDRESS 8993 Nelson Rd
3.4 CITY-ST-ZIP Conquest, CO 80503

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001925006
-08/19/96--01005--055
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Toboldt, Treasurer

06-24-96

Date

265-6021

Daytime Phone #

12-8/16/96

0017056

CR2E037 (3/96)