**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**
**AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).**

FILED
Sep 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

**DOCUMENT # N44558 (7)**

1. Corporation Name
**DOLPHIN CAY PROPERTY OWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2201 4TH ST N<br>#200<br>ST PETERSBURG FL 33704<br>US | 2201 4TH ST<br>#200<br>ST PETERSBURG FL 33704<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1991
3a. Date of Last Report: 06/07/1996
4. FEI Number: 59-3108354 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

Professional Bayway Management Company
5901 Sun Blvd., Suite 203
St. Petersburg, Fl 33715

10. Name and Address of New Registered Agent

81 Nam
82 Stree
83
84 City

Professional Bayway Mgmt.
5901 Sun Blvd. Suite 203
St. Petersburg, Fl 33715

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>BEAUMONT, SANDRA<br>2201 4TH STREET, N., #200<br>ST. PETERSBURG FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Anthony Capalbo<br>5901 Sun Blvd. #203<br>St. Petersburg, FL 33715 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>COOPER, GAIL<br>2201 4TH ST., N., #200<br>ST. PETERSBURG FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | S<br>Frank Recny<br>5901 Sun Blvd. #203<br>St. Petersburg, Fl 33706 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BUSSEY, JOHN S<br>2201 4TH ST., N., #200<br>ST. PETERSBURG FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRES / 3.4 CITY-ST-ZIP | T<br>Pete Leone<br>5901 Sun Blvd. #203<br>St. Petersburg, FL 33715 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST | VP<br>Bruce Frieman<br>5901 Sun Blvd. #203<br>St. Petersburg, FL 33715 — ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>Judy Huestis<br>5901 Sun Blvd. #203<br>St. Petersburg, Fl 33715<br>D<br>Walter Barrett<br>5901 Sun Blvd. #203<br>St. Petersburg, Fl 33715 — ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ADDition<br>Harry Dingman D<br>5901 Sun Blvd. #203<br>St. Petersburg, Fl 33715 | ☐ DELETE | 6.1 TITLE / 6.2 NAME | D<br>Ike Ross<br>5901 Sun Blvd. #203<br>St. Petersburg, Fl 33715 — ☐ Change ☒ Addition |

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Chapter 617, 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 REQUIRED Anthony Capalbo 8/13/97