

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 17, 2000 8:00 am
Secretary of State

04-18-2000 90227 021 ****61.25

DOCUMENT # N44558

1. Entity Name

DOLPHIN CAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RAMPART PROPERTIES
10033 9TH ST N 2ND FL
SAINT PETERSBURG FL 33716
US

C/O RAMPART PROPERTIES
10033 9TH ST N 2ND FL
SAINT PETERSBURG FL 33716-3804
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3108354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BRIAN
10033 9TH ST N
2ND FL
SAINT PETERSBURG FL 33716

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CAPALBO, ANTHONY 5901 SUN BLVD #203 ST. PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D STOFFELS, ROBERT 5018 SANPIPER LANE ST. PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LERCH, JOHN 4737 DOLPHIN CAY LN #204 ST. PETERSBURG FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RECNY, FRANK 4780 DOLPHIN CAY LN #307 ST PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUESTIS, JUDY 5901 SUN BLVD #203 ST PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, IKE 5901 SUN BLVD #203 ST PETERSBURG FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

Daytime Phone #

CR2E037 (9/99)