


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002120 (2)
1. Corporation Name
DOLPHIN BAY - SIESTA KEY MASTER ASSOCIATION, INC



Principal Place of Business 2 TAMAMI TRAIL NORTH SUITE 600 SARASOTA FL 34236	Mailing Address 2 TAMAMI TRAIL NORTH SUITE 600 SARASOTA FL 34236
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3. Date Incorporated or Qualified 04/28/1995		
4. FEI Number 65-0576412	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 1280 Dolphin Bay Way Suite, Apt. #, etc. 22 Unit 201 City & State 23 Sarasota, FL 34242 Zip 24 34242	Country 25 Sarasota	2a. Mailing Address 26 1280 Dolphin Bay Way Suite, Apt. #, etc. 27 Unit 201 City & State 28 Sarasota, FL 34242 Zip 29 34242	Country 30 Sarasota
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9. Name and Address of Current Registered Agent
D'AGOSTINO, E. KENNETH
~~2 TAMAMI TRAIL NORTH
SUITE 600
SARASOTA FL 34236~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1280 Dolphin Bay Way
83 Unit 201
84 City Sarasota
85 Zip Code FL 34242

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]* DATE: **4-9-98**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, E. KENNETH	
STREET ADDRESS	2 NORTH TAMAMI TRAIL, SUITE 600	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT A	
STREET ADDRESS	2 N TAMAMI TRAIL, SUITE 600	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLOUGHBY, COX T.	
STREET ADDRESS	200 PASADENA PLACE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1280 Dolphin Bay Way, Unit 201
1.4 CITY-ST-ZIP	Sarasota, FL 34242
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1280 Dolphin Bay Way, Unit 201
2.4 CITY-ST-ZIP	Sarasota, FL 34242
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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]* DATE: **4-9-98** **941-346-9118**

CR2E037 (10/97)