FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000002125 (1) DOCUMENT

DOLPHIN BAY - SIESTA KEY CONDOMINIUM ASSOCIATION , SECTION B, INC.

Principal Place of Business Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



2 TAMIAMI TRAIL NORTH SUITE 600 SARABOTA FL 34236			SUITE 6	2 TAMIAMI TRAIL NORTH SUITE 600 SARASOTA FL 34236-5559							1		
								ļ	3. Date Incorporated or Qualified 04/28/1995 3a. Date of Last Report 04/17/1996			96	
2. Principal Pla	ace of Business	├	2a. Mailing Address					4. FEI Number 65-05764	116	- !	— <u> </u>	plied For	
21	<u> </u>	Suite, Apt. #, etc.						03 0310				t Applicable	
Sulte, Apt. 4	W, etc.	27	27					5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State			· ·	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country	28 Zin	Zip Country					Trust Fund Contribution				
24	25		29	, '				Florida Statutes					
	9. Name and	Agent						ess of New Re	gistered Ag	ent			
						81	Name						1
	TINO, E. KEN					Street	Address (P.O. Box Number is Not Acceptable)						
2 TAMIA SUITE 6	MI TRAIL NOI					·					•		
	OTA FL 34236					Oh.				Y	e Zin (Code	
·						84	City				FL	-	
11. Pursuant t office or re agent. I ar	to the provisions egistered agent m familiar with,	of Sections 617.0502 , or both, in the State (and accept the obliga	2 and 617.15 of Florida. Su itions of, Sec	08, Florida Statu uch change was tion 617.0503, F	ites, the author z lorida St	above zed by tatutes	named the corp	corpor poration	ation submits this sta n's board of directors	tement for the p . I hereby accep	urpose of chot the appoin	anging it tment as	s registered registered
SIGNATURE _	Signature, typed or p	rinted name of registered agen	ered Age	nt signature	beriuper e	when reinstating)		DATE					
12.		OFFICERS AND	DIRECTOR	·	13			,	ADDITIONS/CHA	NGES TO OFFIC			
TITLE	PTD			☐ DELETE		TITLE					X.	Change	Addition
NAME	-	NO, E. KENNETH				NAME		2 N	ORTH TAMIAM	II TRAIL,	SUITE	600	
STREET ADDRESS	SARASOT/	TRAIL NORTH				S STREET S CITY - S'	ADDRESS			-			
CITY-ST-ZIP TITLE	VSD	116		DELETE		TITLE	1-21	l			K	Change	☐ Addition
NAME	MORRIS, F	OBERT A		_		NAME							
STREET ADDRESS	A			235			TREET ADDRESS 2 N		ORTH TAMIAM	I TRAIL,	SUITE	600	
CITY-ST-ZIP	SARASOTA	A FL			2 4	4 CITY - S	ST - ZIP					-	
TITLE	D			DELETÉ	3.1	TITLE					L	Change	Addition
NAME		IBY, COX T.				NAME							
STREET ADDRESS		DENA PLACE					ADDRESS						
CITY-ST-ZIP TITLE	ORLANDO	FL 32003		DELETE		4. CITY+9 1 TITLE	51 - ZIP				Т	Change	☐ Addition
NAME						2 NAME					_	•	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					4.4	4 CITY - S	T-ZIP						
TITLE				DELETE	5.1	1 TITLE						Change	Addition
NAME					5.2	2 NAME							ļ
STREET ADDRESS					5.3	3 STREET	ADDRESS						
CITY-ST-ZIP				De est		4 CITY-S	T-ZIP	ļ				Change	Addition
TITLE				☐ DELETE		TITLE					L	T purands	LJ Addition
NAME					1	2 NAME	ADDRESS						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	andit. Hone th	a information aunation	الله منطة طفاني فا	na door not aug		4 CITY-S		ctatod i	n Section 119 07/3\(i)	Elorida Statute	e I further o	ertify that	the

I do 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.

941–954–4222