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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002125 (1)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**2-TAMAMI TRAIL NORTH
SUITE 600-
SARASOTA FL 34236**

**2-TAMAMI TRAIL NORTH
SUITE 600
SARASOTA FL 34236**

3. Date Incorporated or Qualified

04/28/1995

4. FEI Number

65-0576416

Applied For

Not Applicable

2. Principal Place of Business

21 1280 Dolphin Bay Way

Suite, Apt. #, etc.

22 Unit 201

City & State

23 Sarasota, FL

Zip

Country

24

2a. Mailing Address

26 1280 Dolphin Bay Way

Suite, Apt. #, etc.

27 Unit 201

City & State

28 Saraso

Zip

Country

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**D'AGOSTINO, E. KENNETH
2-TAMAMI TRAIL NORTH
SUITE 600-
SARASOTA FL 34236**

81 Name

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

1280 Dolphin Bay Way

83 Unit 201

84 City

Sarasota

FL

85 Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE

NAME **D'AGOSTINO, E. KENNETH**

STREET ADDRESS **2-NORTH TAMAMI TRAIL, SUITE 600**

CITY-ST-ZIP **SARASOTA FL**

TITLE **VSD** ☐ DELETE

NAME **MORRIS, ROBERT A**

STREET ADDRESS **2-N TAMAMI TRAIL, SUITE 600**

CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE

NAME **WILLOUGHBY, COX T.**

STREET ADDRESS **200 PASADENA PLACE**

CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1280 Dolphin Bay Way, Unit 201

Sarasota, FL 34242

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1280 Dolphin Bay Way, Unit 201

Sarasota, FL 34242

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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] 4-2-98

941-346-9118

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