

FILE NOW: FILING FEE IS \$61.25 *Ame*

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 06 1996 8:00 am  
Secretary of State

DOCUMENT # N95000002126 (9)

1. Corporation Name

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



Principal Place of Business

Mailing Address

2 TAMiami TRAIL NORTH  
SUITE 600  
SARASOTA FL 34236

2 TAMiami TRAIL NORTH  
SUITE 600  
SARASOTA FL 34236

3. Date Incorporated or Qualified  
04/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0576410

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'AGOSTINO, E. KENNETH  
2 TAMiami TRAIL NORTH  
SUITE 600  
SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 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

Signature, 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 PD  
NAME D'AGOSTINO, E. KENNETH  
STREET ADDRESS 2 TAMiami TRAIL NORTH  
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETE

11 TITLE PTD  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD  
NAME MORRIS, ROBERT A  
STREET ADDRESS 2 TAMiami TRAIL NORTH  
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETE

21 TITLE VSD  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD  
NAME ROSENBERG, JEFFREY S  
STREET ADDRESS 2 TAMiami TRAIL NORTH  
CITY-ST-ZIP SARASOTA FL 34236 ☒ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME ROSENBERG, GILBERT S  
STREET ADDRESS 2 TAMiami TRAIL NORTH  
CITY-ST-ZIP SARASOTA FL 34236 ☒ DELETE

41 TITLE 7000001854987  
42 NAME -06/07/96--01013--012  
43 STREET ADDRESS \*\*\*245.00  
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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 the back of the report if an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)