## **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

DOCUMENT # N9500002126 (9)

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

2 TAMIAMI TRAIL NORTH SUITE 800 SARASOTA FL 34236

21

2. Principal Place of Business

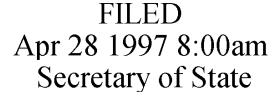
Principal Place of Business

Mailing Address

2a. Mailing Address

26

2 TAMIAMI TRAIL NORTH SUITE 600 SARASOTA FL 34236-5559





Date Incorporated or Qualified 04/28/1995
 FEI Number 65-0576410

3a. Date of Last Report 04/17/1996

Applied For

Not Applicable

22					27						5. Certificate of Status Desired Fee Required						
	City & State			City & State							ction Campa	aign Financir	na .	\$	5.00	May Be	
23				28	28							st Fund Cor	•				o Fees
	Zip	Country Zip Co				Cou	ountry			8. This corporation has liability for intangible tax under s. 199.032,							
24		25 29				30				Florida Statutes Yes X No 10. Name and Address of New Registered Agent							
9. Name and Address of Current Registered Agent									<b>.</b>		10. Na	me and Add	dress of Nev	v Registe	red Agent	i	
D'AGOSTINO, E. KENNETH								81	Name								
							82 Street Address (P.O. Box Number is Not Acceptable)										
2 TAMIAMI TRAIL NORTH						83					<del> </del>						
•	SUITE 600 SARASOTA FL 34236						83									1	
							84 City FL 85 Zip Code										
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11	office or r	egistered ac	ions of Sections 617.050 jent, or both, in the State	of Flor	rida. Such ch	range was a	uthorized	d by	the cor	corp porat	ion's boar	d of director	iatement for t s. I hereby a	ine purpo .ccept the	se or chan appointm	ging its ent as	registered registered
agent. I am lamiliar 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																	
Signature, typod or printed name of registated agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12														S IN 12			
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NA	ME		JGHBY, COX T.				3.2 N	AME									
STF	REET ADDRESS		Sadena Place				3.3 \$1	REET	ADDRESS								
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14	Informatio	n indicated i fficer or dire	on this annual report or s ctor of the corporation or or Block 13 if changed, o	suppler the re	mental ännua ceiver är trus	al report is tri stee empowe	ue and a ered to o	accu	rate and	d that	my signa	ture shall ha	ve the same	legal effe	ect as if ma	ide und	der oath; that