


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 713189	
1. Entity Name DOLPHIN APARTMENTS ASSOCIATION OF CLEARWATER, INC.	

Principal Place of Business 210 DOLPHIN POINT CLEARWATER, FL 33767-2106	Mailing Address 210 DOLPHIN POINT SUITE B CLEARWATER, FL 33767-2106 US
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02232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1955398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CURRY, MILES  
210 DOLPHIN POINT RD  
APT. B  
CLEARWATER, FL 33767-2106

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURRY IV, J. MILES 210 B DOLPHIN PT CLEARWATER, FL 337672106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ATKINSON, LOUISE 210-C DOLPHIN PT. CLEARWATER, FL 337672106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COPE, RICHARD E 210 DOLPHIN PT. A CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MACKAY, BRIAN R 210 D DOLPHIN PT CLEARWATER, FL 337672106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/05-80029-015 61.25

**DO NOT WRITE  
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Mackay 2/28/05 727-443-7727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #