

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713189

FILED
Apr 21, 2008
Secretary of State

Entity Name: 210 DOLPHIN POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

210 DOLPHIN POINT
CLEARWATER, FL 337672106

New Principal Place of Business:

Current Mailing Address:

210 DOLPHIN POINT
SUITE B
CLEARWATER, FL 337672106 US

New Mailing Address:

FEI Number: 59-1955398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLER, KAREN E ESQ.
ONE PROGRESS PLAZA, SUITE 1210
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COPE, RICHARD W
Address: 210 DOLPHIN PT. A
City-St-Zip: CLEARWATER, FL 337672106

Title: VPD () Delete
Name: MACKAY, CATHI
Address: 210 D DOLPHIN PT.
City-St-Zip: CLEARWATER, FL 337672106

Title: SECD () Delete
Name: COPE, JILL F
Address: 210 DOLPHIN PT. A
City-St-Zip: CLEARWATER, FL 33767

Title: TREA () Delete
Name: MACKAY, BRIAN R
Address: 210 D DOLPHIN PT
City-St-Zip: CLEARWATER, FL 337672106

Title: DIR () Delete
Name: CURRY, IV, J. MILES
Address: 210 B DOLPHIN PT.
City-St-Zip: CLEARWATER, FL 337672106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD W. COPE

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date