2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 713189

Entity Name: 210 DOLPHIN POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

210 DOLPHIN POINT
CLEARWATER, FL 337672106

New Principal Place of Business:

210 DOLPHIN POINT
APT. A
CLEARWATER, FL 337672106

Current Mailing Address:

210 DOLPHIN POINT
SUITE B
CLEARWATER, FL 337672106 US

New Mailing Address:

210 DOLPHIN POINT
SUITE A
CLEARWATER, FL 337672106 US

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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 04/20/2009

Electronic Signature of Signing Officer or Director — Date