

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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729732 (8)**

1. Corporation Name  
**DOLPHIN CONDOMINIUM INC.**

Principal Place of Business 3642 NE 171 STREET NORTH MIAMI BEACH FL 33160-3047	Mailing Address 3642 NE 171 STREET NORTH MIAMI BEACH FL 33160-3047
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3. Date Incorporated or Qualified  
**05/21/1974**

4. FEI Number <b>59-2674457</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>23</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**HORNSTEIN, CHARLES**  
**3642 NE 171ST ST.**  
**#408**  
**NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	D
NAME	HICKEY, LARRY	1.2 NAME	DON CLIPPINGER
STREET ADDRESS	3642 NE 171 STREET #202	1.3 STREET ADDRESS	33642 N.E. 171 #504
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	VD	2.1 TITLE	
NAME	DUQUAINE, WALLY	2.2 NAME	
STREET ADDRESS	3642 NE 171 STREET #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	POST, JOHN	3.2 NAME	
STREET ADDRESS	1800 W 49 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	LONDON, RHONDA	4.2 NAME	
STREET ADDRESS	3642 NE 171 STREET #505	4.3 STREET ADDRESS	
CITY-ST-ZIP	NMB FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	HORNSTEIN, CHARLES	5.2 NAME	
STREET ADDRESS	3642 N 171 ST. #408	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PIZZI, DAVE WILSON	6.2 NAME	
STREET ADDRESS	3642 NE 171 STREET #307	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	6.4 CITY-ST-ZIP	

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14. 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 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 receiver 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 an attachment with an address.

SIGNATURE: *Charles Hornstein* DATE: *1/14/98* 305 945-9951

CR2E037 (10/97)