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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729732

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/21/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2674457	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HORNSTEIN, CHARLES 3642 NE 171ST ST. #408 NORTH MIAMI BEACH FL 33160				81 Name			
				WALLY DUQUAINE			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3642 NE 171 STREET #205			
83				84 City			
				N. MIAMI BEACH			
				FL		85 Zip Code	
						33160	

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: *Wally Duquaine* DATE: 1-6-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HICKEY, LARRY		1.2 NAME	WALLY DUQUAINE			
STREET ADDRESS	3642 NE 171 STREET #202		1.3 STREET ADDRESS	3642 NE 171 STREET #205			
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUQUAINE, WALLY		2.2 NAME	DON CLIPPINGER			
STREET ADDRESS	3642 NE 171 STREET #205		2.3 STREET ADDRESS	3642 NE 171 STREET # 504			
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	POST, JOHN		3.2 NAME	RHODA LINDON			
STREET ADDRESS	1800 W 49 ST.		3.3 STREET ADDRESS	3642 NE 171 STREET #505			
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	ASST. TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LINDON, RHONDA		4.2 NAME	BARBARA ZUKOWSKI			
STREET ADDRESS	3642 NE 171 STREET #505		4.3 STREET ADDRESS	3642 NE 171 STREET #206			
CITY-ST-ZIP	NMB FL		4.4 CITY-ST-ZIP	N. MIAMI BCH., FL			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HORNSTEIN, CHARLES		5.2 NAME	MARK COHEN			
STREET ADDRESS	3642 N 171 ST. #408		5.3 STREET ADDRESS	3642 NE 171 STREET #306			
CITY-ST-ZIP	N. MIAMI BEACH FL		5.4 CITY-ST-ZIP	N. MIAMI BEACH, FL			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PIZZI, DAVE WILSON		6.2 NAME				
STREET ADDRESS	3642 NE 171 STREET		6.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL		6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE: *Wally Duquaine* DATE: 1-6-99 (205) 944-1913

CR2E037 (1/98)