


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90036 008 ****61.25

DOCUMENT # 729732 1. Entity Name DOLPHIN CONDOMINIUM INC.	
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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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54034693



04082004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2674457	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

WALLY, DUQUAINE
 3642 NE 171 ST. #205
 N. MIAMI BEACH, FL 33160

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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: Wally Duquaine (NOTE: Registered Agent signature required when reinstating) DATE: 4/13/04

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLY, DUQUAINE
STREET ADDRESS	3642 NW 171 ST. #205
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	D
NAME	GILBERT, DANNY
STREET ADDRESS	3642 NE 171TH ST, #507
CITY-ST-ZIP	N MIAMI BEACH, FL 33160
TITLE	STD
NAME	RHODA, LINDON
STREET ADDRESS	3642 NE 171 ST. #505
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	ATD
NAME	WENGER, STEVEN
STREET ADDRESS	3642 NE 171ST ST, #206
CITY-ST-ZIP	N MIAMI, FL 33160
TITLE	V
NAME	MARK, COHEN
STREET ADDRESS	3642 NE 171 ST. #306
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	D
NAME	CHIPPINGER, DON
STREET ADDRESS	3642 NE 171 ST #504
CITY-ST-ZIP	N MIAMI BEACH, FL

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wally Duquaine (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 4/13/04 PRESIDENT DAYTIME PHONE #