


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90042 025 \*\*\*\*61.25

<b>DOCUMENT # 729732</b>				
1. Entity Name <b>DOLPHIN CONDOMINIUM INC.</b>				
Principal Place of Business <b>3642 NE 171 STREET NORTH MIAMI BEACH, FL 33160-3047</b>		Mailing Address <b>3642 NE 171 STREET NORTH MIAMI BEACH, FL 33160-3047</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<b>WALLY, DUQUAINE 3642 NE 171 ST. #205 N. MIAMI BEACH, FL 33160</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: <i>Wally Duquaine</i>		DATE		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD WALLY, DUQUAINE 3642 NW 171 ST. #205 N. MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GILBERT, DANNY 3642 NE 171TH ST, #507 N MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD RHODA, LINDON 3642 NE 171 ST. #505 N. MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ATD WENGER, STEVEN 3642 NE 171ST ST, #208 N MIAMI, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V MARK, COHEN 3642 NE 171 ST. #308 N. MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CHIPPINGER, DON 3642 NE 171 ST #504 N MIAMI BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			D JOHN SULLIVAN 3642 NE 171 Street #502 N. MIAMI BEACH, FL 33156	
12. 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 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: <i>Wally Duquaine</i>		Date: <i>2/23/05</i>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

66003024



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2674457 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required