

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2009
Secretary of State**

DOCUMENT# 729732

Entity Name: DOLPHIN CONDOMINIUM INC.

Current Principal Place of Business:

3642 NE 171 STREET
NORTH MIAMI BEACH, FL 331603047

New Principal Place of Business:

Current Mailing Address:

3642 NE 171 STREET
MORTH MIAMI BEACH, FL 331603047

New Mailing Address:

FEI Number: 59-2674457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN-GUENTHEE, JOYCE PA
10723 SW 104 ST
MIAMI, FL 33176 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: DUQUAINE, WALLY
Address: 3642 NW 171 ST. #205
City-St-Zip: N. MIAMI BEACH, FL

Title: D () Delete
Name: GILBERT, DANNY
Address: 3642 NE 171TH ST, #507
City-St-Zip: N MIAMI BEACH, FL 33160

Title: STD () Delete
Name: LINDON, RHODA
Address: 3642 NE 171 ST. #505
City-St-Zip: N. MIAMI BEACH, FL

Title: D () Delete
Name: SULLIVAN, JOHN
Address: 3642 NE 171 STREET #502
City-St-Zip: N MIAMI BCH, FL 33156

Title: V () Delete
Name: COHEN, MARK
Address: 3642 NE 171 ST. #306
City-St-Zip: N. MIAMI BEACH, FL

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: RHODA LINDON

STD

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date