

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2009  
Secretary of State**

DOCUMENT# N02000003063

Entity Name: DOLPHINS AT SUNRISE TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

10065 GULF BLVD  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

10065 GULF BLVD  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 04-3656594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BYERS, WARREN  
10069 GULF BLVD  
TREASURE ISLAND, FL 33706      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: P      ( ) Delete  
Name: BYERS, WARREN  
Address: 100 69 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: V      ( ) Delete  
Name: COVINGTON, JON  
Address: 10071 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S/T      ( ) Delete  
Name: WILES, JANE S  
Address: 10065 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

**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:

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: JANE S. WILES

S/T

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date