
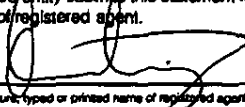



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

02-17-2003 90181 017 ****61.25

2/12

DOCUMENT # N02000003063					
1. Entity Name DOLPHINS AT SUNRISE TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 418 107TH AVENUE TREASURE ISLAND FL 33708 10061 GULF BLVD Treasure Island, FL 33706		Mailing Address 418 107TH AVENUE TREASURE ISLAND FL 33708 (Same)			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3656594	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR 10225 OLDMERTON ROAD SUITE 2 LARGO FL 33771			7. Name and Address of New Registered Agent Name DAVID KING Street Address (P.O. Box Number is Not Acceptable) 10061 GULF BLVD Treasure Island, FL City FL Zip Code 33706		
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  DATE 4/29/03 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.)</small>					
FILE NOW: FEE IS \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P BYRNE, GAIL A 118 107TH AVENUE TREASURE ISLAND FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BYRNE, LESLIE W 118 107TH AVENUE TREASURE ISLAND FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LONG, STANLEY 118 107TH AVENUE TREASURE ISLAND FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DAVID KING (D) 10061 GULF BLVD Treasure Island, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Jon Covington (D) 10071 GULF BLVD Treasure Island, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gail A. Byrne (D) 118 107th ave Treasure Island, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		SIGNATURE REQUIRED		Date 2/13/03 Daytime Phone # 727-367-1961	

CRE037 (10/02)