

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

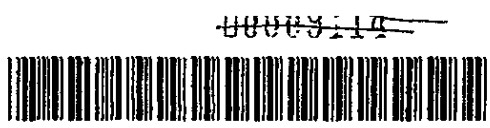
FILED
Apr 24, 2000 8:00 am
Secretary of State

01-26-2000 90050 037 ****61.25

DOCUMENT # N32440
 1. Entity Name
DOLPHIN SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
300 DOLPHIN SHORES CIR **300 DOLPHIN SHORES CIR**
NOKOMIS FL 34275 **NOKOMIS FL 34275-1913**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0125769 Not Applicable

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

6. Name and Address of Current Registered Agent
WRIGHT, ORLANDO
320 DOLPHIN SHORES CIRCLE
NOKOMIS FL 34275

7. Name and Address of New Registered Agent
 Name **WILLIAM J. SNOW III**
 Street Address (P.O. Box Number is Not Acceptable) **319 DOLPHIN SHORES CIR**
 City **NOKOMIS** FL Zip Code **34275**

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.
 SIGNATURE **W. J. SNOW III** **PRESIDENT** **W. J. SNOW III** **2/24/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, ORLANDO 320 DOLPHIN SHORES CIRCLE NOKOMIS FL 34275	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRSCH, CHRISTINA 355 DOLPHIN SHORES CIRCLE NOKOMIS FL 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORBES, ELLEN 365 DOLPHIN SHORES CIRCLE NOKOMIS FL 34275	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRYREAR, AMY PO BOX 1262 NOKOMIS FL 34274	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD W. J. SNOW III 319 DOLPHIN SHORES CIRCLE NOKOMIS, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAYLE BUTTERFIELD 369 DOLPHIN SHORES CIRCLE NOKOMIS, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY FRYREAR 305 DOLPHIN SHORES CIRCLE NOKOMIS, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY JO WRIGHT 374 DOLPHIN SHORES CIRCLE NOKOMIS, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN YOUNG 359 DOLPHIN SHORES CIRCLE NOKOMIS, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: **W. J. SNOW III** **1/7/2000** **941-412-9388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #