

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90039 043 ****61.25

DOCUMENT # N32440

1. Entity Name

DOLPHIN SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**300 DOLPHIN SHORES CIR
 NOKOMIS FL 34275**

Mailing Address

**300 DOLPHIN SHORES CIR
 NOKOMIS FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0125769

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNOW, WILLIAM J III
 319 DOLPHIN SHORES CIR
 NOKOMIS FL 34275**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SNOW, W J III	
STREET ADDRESS	319 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIRSCH, CHRISTINA	
STREET ADDRESS	355 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUTTERFIELD, GAYLE	
STREET ADDRESS	369 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRYREAR, AMY	
STREET ADDRESS	PO BOX 1262	
CITY-ST-ZIP	NOKOMIS FL 34274	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRYREAR, GARY	
STREET ADDRESS	305 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, MARY J	
STREET ADDRESS	374 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: William J. Snow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001
 Date

941 412 9388
 Daytime Phone #

CR2E037 (10/00)