


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0125769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000073743
 03/02/04-80049-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SNOW, W J III 319 DOLPHIN SHORES CIRCLE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRSCH, CHRISTINA 355 DOLPHIN SHORES CIRCLE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GARDNER, KRISTEN 330 DOLPHIN SHORES CIR. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, JOHN 359 DOLPHIN SHORES CIR. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRYREAR, GARY 305 DOLPHIN SHORES CIRCLE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAGER, WILLIAM 334 DOLPHIN SHORES CIR NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 A. Hager **WILLIAM A. HAGER, TREAS** 2/23/04 941-483-3728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #