


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90374 040 ****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

40034485

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03062007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0125769 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOFSTROM, ROGER	
STREET ADDRESS	310 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAGBAVITZ, JOHN	
STREET ADDRESS	315 DOLPHIN SHORES CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUHR, JIM	
STREET ADDRESS	349 DOLPHIN SHORES CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODRUFF, JEAN	
STREET ADDRESS	360 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRYREAR, GARY	
STREET ADDRESS	305 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAGER, WILLIAM	
STREET ADDRESS	334 DOLPHIN SHORES CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 exemptions contained 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 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: _____ DATE: 3/6/07 DAYTIME PHONE #: (941) 483-3728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR