


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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90166 006 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

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 \_\_\_\_\_ (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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
V	SNOW, W J III	319 DOLPHIN SHORES CIRCLE	NOKOMIS FL 34275	<input type="checkbox"/>
VD	KIRSCH, CHRISTINA	355 DOLPHIN SHORES CIRCLE	NOKOMIS FL 34275	<input type="checkbox"/>
PD	VAN BUSKIRK, TONY	329 DOLPHIN SHORES CIR	NOKOMIS FL 34275	<input checked="" type="checkbox"/>
S	HORNBERGER, CHERYL	380 DOLPHIN SHORES CIR.	NOKOMIS FL 34275	<input checked="" type="checkbox"/>
D	FRYREAR, GARY	305 DOLPHIN SHORES CIRCLE	NOKOMIS FL 34275	<input type="checkbox"/>
T	HAGER, WILLIAM	334 DOLPHIN SHORES CIR	NOKOMIS FL 34275	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S	KRISTEN GARDNER	330 DOLPHIN SHORES CIR	NOKOMIS, FL 34275	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	JOHN YOUNG	359 DOLPHIN SHORES CIR	NOKOMIS, FL 34275	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 3/31/03 (941) 483-3728

CR2E037 (10/02)