

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000809

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE CURACAO AT DOLPHIN CAY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 59-3215362 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LACHNIGHT, ROBERT
Address: 4780 DOLPHIN CAY LANE S. #207
City-St-Zip: ST. PETERSBURG, FL 33711

Title: SD () Delete
Name: WATSON, DOUGLAS
Address: 4780 DOLPHIN BAY LANE S. #404
City-St-Zip: ST. PETERSBURG, FL 33711

Title: D () Delete
Name: ROMANI, ANGELO
Address: 4780 DOLPHIN CAY LANE S. #606
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VD () Delete
Name: HILDEBRAND, RUDOLPH
Address: 4780 DOLPHIN CAY LANE S. #604
City-St-Zip: ST. PETERSBURG, FL 33711

Title: TD () Delete
Name: LEYON, JOHN
Address: 4780 DOLPHIN CAY LANE S. #506
City-St-Zip: ST. PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LACHNIGHT

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date