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FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001611 (0)

1. Corporation Name
DOLPHIN ISLES HOMEOWNER'S ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3025 NE 22ND STREET<br>FORT LAUDERDALE FL 33305 | 3025 NE 22ND STREET<br>FORT LAUDERDALE FL 33305 |

3. Date Incorporated or Qualified: 03/20/1996

4. FEI Number: 65-0668035 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

FENGLER, MAUREEN
3031 NE 22ND. STREET
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LOPEZ, MIRANDA E<br>3031 NE 21ST. STREET<br>FORT LAUDERDALE FL 33305 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Treasurer (D)<br>Duncan Sampson<br>2013 NE 32 Ave<br>Ft Lauderdale, Fl 33305 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>LLOYD, SPENCER<br>1918 NE 31ST. AVE<br>FORT LAUDERDALE FL 33305 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Ballback John, Asst Secretary (D)<br>3200 NE 19 ST<br>Ft Lauderdale Fl 33305 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>ECKERT, PATTY<br>2101 NE 32ND. AVE.<br>FORT LAUDERDALE FL 33305 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Recording Secretary (D)<br>Farcas, George<br>2012 NE 3 Ave<br>Ft Lauderdale, Fl 33305 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CSD<br>DEANER, LEANORE<br>3025 NE 22ND STREET<br>FORT LAUDERDALE FL 33305 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | President<br>Deaner, Leanore (D)<br>3025 NE 22 Street<br>Ft Lauderdale, Fl 33305 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CARR, THOM<br>2411 NE 32ND. AVENUE<br>FORT LAUDERDALE FL 33305 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | VICE PRESIDENT (D)<br>CARR, THOM<br>2411 NE 32 Ave<br>Ft Lauderdale FLORIDA 33305 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** SIGNATURE REQUIRED Leanore Deaner 3/28/98 (954) 563-7525