2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003
Secretary of State

DOCUMENT# N96000001611

Entity Name: DOLPHIN ISLES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1919 NE 32ND AVENUE
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

1919 NE 32ND AVENUE
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 65-0668035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FENGLER, MAUREEN
3031 NE 22ND. STREET
FORT LAUDERDALE, FL 33305 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: HOLLAND, JOSEPH M
Address: 1919 NE 32ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VPD ( ) Delete
Name: SEIBERT, JOHN E
Address: 2507 NE 31 AVE
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: RSD ( ) Delete
Name: BOTSFORD, JAMES
Address: 2011 NE 31 AVE
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: TD ( ) Delete
Name: MOSS, ROBERT
Address: 2112 NE 32ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: CSD ( ) Delete
Name: SESTO, DARLENE
Address: 3107 NE 21ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D ( ) Delete
Name: SEA, ROY L
Address: 3030 NE 22ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PPD (X) Change ( ) Addition
Name: DEANER, LEONORE
Address: 3025 NE 22ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: TD (X) Change ( ) Addition
Name: MOSS, ROBERT E
Address: 2112 NE 32ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33305

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 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 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 E. MOSS TD 02/25/2003
Electronic Signature of Signing Officer or Director — Date