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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32440

1. Corporation 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/22/1989

4. FEI Number

65-0125769

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

9. Name and Address of Current Registered Agent

WRIGHT, ORLANDO
320 DOLPHIN SHORES CIRCLE
NOKOMIS FL 34275

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

Orlando Wright
Signature, typed or printed name of registered agent or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WRIGHT, ORLANDO
STREET ADDRESS 320 DOLPHIN SHORES CIRCLE
CITY-ST-ZIP NOKOMIS FL 34275 ☐ DELETE

TITLE VD
NAME KIRSCH, CHRISTINA
STREET ADDRESS 355 DOLPHIN SHORES CIRCLE
CITY-ST-ZIP NOKOMIS FL 34275 ☐ DELETE

TITLE S
NAME FORBES, ELLEN
STREET ADDRESS 365 DOLPHIN SHORES CIRCLE
CITY-ST-ZIP NOKOMIS FL 34275 ☐ DELETE

TITLE TD
NAME BUTTERFIELD, MICHAEL
STREET ADDRESS 369 DOLPHIN SHORES CIR
CITY-ST-ZIP NOKOMIS FL 34275 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TD
AMY FRYREAR
PO BOX 1262
NOKOMIS, FL 34274

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, with all other like empowered.

SIGNATURE:

Orlando Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/99

Date

941
488 3426

Daytime Phone #

CR2E037 (11/98)