

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 713189
1. Entity Name
DOLPHIN APARTMENTS ASSOCIATION OF
CLEARWATER, INC.



Principal Place of Business
210 DOLPHIN POINT
CLEARWATER, FL 33767-2106

Mailing Address
210 DOLPHIN POINT
SUITE B
CLEARWATER, FL 33767-2106 US



DO NOT WRITE IN THIS SPACE

02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1955398
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURRY, MILES
210 DOLPHIN POINT RD
APT. B
CLEARWATER, FL 33767-2106

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CURRY IV, J. MILES
210 B DOLPHIN PT
CLEARWATER, FL 337672106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ATKINSON, LOUISE
210-C DOLPHIN PT.
CLEARWATER, FL 337672106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
COPE, RICHARD E
210 DOLPHIN PT. A
CLEARWATER, FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MACKAY, BRIAN R
210 D DOLPHIN PT
CLEARWATER, FL 337672106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000253336
03/07/05-80029-015 61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05

Date

727-443-7727

Daytime Phone #