

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713189

FILED  
Apr 07, 2007  
Secretary of State

**Entity Name:** 210 DOLPHIN POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

210 DOLPHIN POINT  
CLEARWATER, FL 337672106

**New Principal Place of Business:**

**Current Mailing Address:**

210 DOLPHIN POINT  
SUITE B  
CLEARWATER, FL 337672106 US

**New Mailing Address:**

**FEI Number:** 59-1955398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALLER, KAREN E ESQ.  
ONE PROGRESS PLAZA, SUITE 1210  
ST. PETERSBURG, FL 33701 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: COPE, RICHARD W  
Address: 210 DOLPHIN PT. A  
City-St-Zip: CLEARWATER, FL 337672106

Title: VPD ( ) Delete  
Name: MACKAY, CATHI  
Address: 210 D DOLPHIN PT.  
City-St-Zip: CLEARWATER, FL 337672106

Title: SECD ( ) Delete  
Name: COPE, JILL F  
Address: 210 DOLPHIN PT. A  
City-St-Zip: CLEARWATER, FL 33767

Title: TREA ( ) Delete  
Name: MACKAY, BRIAN R  
Address: 210 D DOLPHIN PT  
City-St-Zip: CLEARWATER, FL 337672106

Title: DIR ( ) Delete  
Name: CURRY, IV, J. MILES  
Address: 210 B DOLPHIN PT.  
City-St-Zip: CLEARWATER, FL 337672106

**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 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: RICHARD W COPE

PD

04/07/2007

Electronic Signature of Signing Officer or Director

Date