

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2015

Secretary of State

CC4376565165

DOCUMENT# 729732

Entity Name: DOLPHIN CONDOMINIUM INC.

Current Principal Place of Business:

3642 NE 171 STREET
NORTH MIAMI BEACH, FL 33160-3047

Current Mailing Address:

3642 NE 171 STREET
MORTH MIAMI BEACH, FL 33160-3047

FEI Number: 59-2674457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODMAN-GUENTHEE, JOYCE PA
10723 SW 104 ST
MIAMI, FL 33176 US

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

Officer/Director Detail :

Title PRESIDENT
Name COHEN , MARC
Address 3642 NW 171 ST. #306
City-State-Zip: N. MIAMI BEACH FL 33160

Title D
Name SULLIVAN, JOHN
Address 3642 NE 171TH ST, #502
City-State-Zip: N MIAMI BEACH FL 33160

Title STD
Name LINDON, RHODA
Address 3642 NE 171 ST. #505
City-State-Zip: N. MIAMI BEACH FL

Title D
Name HERNANDEZ, LAZARO
Address 3642 NE 171 STREET #408
City-State-Zip: N MIAMI BCH FL 33156

Title DIRECTOR
Name COHEN, MARK
Address 3642 NE 171 ST. #406
City-State-Zip: N. MIAMI BEACH FL 33156

Title DIRECTOR
Name WENGER, STEVEN
Address 3642 NE 171 ST #206
City-State-Zip: N. MIAMI FL 33156

Title DIRECTOR
Name GILBERT, DANNY
Address 3642 NE 171ST ST. #507
City-State-Zip: N.MIAMI BCH FL 33160

Title ASST. SECRETARY
Name PORTE, BROOKE
Address 3642 NE 171 ST. #306
City-State-Zip: N. MIAMI BEACH FL 33160

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I hereby 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 all other like empowered.

SIGNATURE: RHODA LINDON

SECRETARY

02/02/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHOKRIPOUR, MOHAMMED
Address 3642 NE 171ST STREET #304
City-State-Zip: N. MIAMI BEACH FL 33160

Title DIRECTOR
Name COHEN, ROBERT
Address 3642 NE 171 STREET #406
City-State-Zip: MORTH MIAMI BEACH FL 33160-3047