

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32440

**FILED**  
**Feb 26, 2018**  
**Secretary of State**  
**CC0748111205**

**Entity Name:** DOLPHIN SHORES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

300 DOLPHIN SHORES CIR  
NOKOMIS, FL 34275

**Current Mailing Address:**

300 DOLPHIN SHORES CIR  
NOKOMIS, FL 34275

**FEI Number:** 65-0125769

**Certificate of Status Desired:** No

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

SNOW, WILLIAM JIII  
319 DOLPHIN SHORES CIR  
NOKOMIS, FL 34275 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            SECRETARY  
Name            WILLIAM, SNOW  
Address        319 DOLPHIN SHORES CIR  
City-State-Zip: NOKOMIS FL 34275

Title            D, PRESIDENT  
Name            WRIGHT, ORLANDO  
Address        320 DOLPHIN SHORES CIRCLE  
City-State-Zip: NOKOMIS FL 34275

Title            T  
Name            HAGER, WILLIAM  
Address        334 DOLPHIN SHORES CIR  
City-State-Zip: NOKOMIS FL 34275

*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:** WILLIAM B. HAGER

**TREASURER**

**02/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date