

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000809

Entity Name: THE CURACAO AT DOLPHIN CAY OWNER'S ASSOCIATION, INC.**FILED**
Mar 21, 2013
Secretary of State
CC7629338873**Current Principal Place of Business:**3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762**Current Mailing Address:**3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US**FEI Number: 59-3215362****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 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	PD
Name	LACHNICHT, ROBERT
Address	4780 DOLPHIN CAY LANE S. #207
City-State-Zip:	ST. PETERSBURG FL 33711

Title	SD
Name	DANIEL, JOHN
Address	4780 DOLPHIN BAY LANE S. #107
City-State-Zip:	ST. PETERSBURG FL 33711

Title	TD
Name	ROMANI, ANGELO
Address	4780 DOLPHIN CAY LANE S. #606
City-State-Zip:	ST. PETERSBURG FL 33711

Title	VD
Name	HILDEBRAND, RUDOLPH
Address	4780 DOLPHIN CAY LANE S. #604
City-State-Zip:	ST. PETERSBURG FL 33711

Title	D
Name	WATSON, DOUGLAS
Address	4780 DOLPHIN CAY LANE S. #404
City-State-Zip:	ST. PETERSBURG FL 33711

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: ROBERT LACHNICHT**PRESIDENT/DIRECTOR****03/21/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date