2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9800006896

Entity Name: DOLPHIN POINT CONDOMINIUMS, INC.

# **Current Principal Place of Business:**

1711 WORTHINGTON RD 103 WEST PALM BEACH, FL 33409

## **Current Mailing Address:**

1711 WORTHINGTON RD 103 WEST PALM BEACH, FL 33409 US

#### FEI Number: 65-0929816

### Name and Address of Current Registered Agent:

FIELDS AND BACHOVE PLLC 4440 PGA BLVD SUITE 308 PALM BEACH GARDENS, FL 33410 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                 | E EVAN BACHOVE                           |                 |                            | 07/25/2023 |
|---------------------------|--|-----------------|----------------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                            | Date       |
| Officer/Director Detail : |  |                 |                            |            |
| Title                     | VP                                       | Title           | SECRETARY                  |            |
| Name                      | PRENTER, BRIAN                           | Name            | MURHPHY, RICHARD           |            |
| Address                   | 1711 WORTHINGTON RD<br>103               | Address         | 1711 WORTHINGTON RD<br>103 |            |
| City-State-Zip:           | WEST PALM BEACH FL 33409                 | City-State-Zip: | WPB FL 33409               |            |
| Title                     | PRESIDENT                                |                 |                            |            |
| Name                      | TRAVER, LAURA                            |                 |                            |            |
| Address                   | 1711 WORTHINGTON RD<br>103               |                 |                            |            |
| City-State-Zip:           | WPB FL 33409                             |                 |                            |            |

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: LAURA TRAVER

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

FILED Jul 25, 2023 Secretary of State 2124870377CC

Certificate of Status Desired: No

Date