

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90030 004 \*\*\*\*61.25

**DOCUMENT # 729732**

1. Entity Name  
**DOLPHIN CONDOMINIUM INC.**



Principal Place of Business  
**3642 NE 171 STREET  
NORTH MIAMI BEACH, FL 33160-3047**

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

40000910



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**59-2674457**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUQUAINE, WALLY	
STREET ADDRESS	3642 NW 171 ST. #205	
CITY- ST- ZIP	N. MIAMI BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, DANNY	
STREET ADDRESS	3642 NE 171TH ST, #507	
CITY- ST- ZIP	N MIAMI BEACH, FL 33160	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LINDON, RHODA	
STREET ADDRESS	3642 NE 171 ST. #505	
CITY- ST- ZIP	N. MIAMI BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN	
STREET ADDRESS	3642 NE 171 STREET #502	
CITY- ST- ZIP	N MIAMI BCH, FL 33156	
TITLE	V	<input type="checkbox"/> Delete
NAME	COHEN, MARK	
STREET ADDRESS	3642 NE 171 ST. #306	
CITY- ST- ZIP	N. MIAMI BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Rhoda Lindon*

1-7-08 305  
945-4473