## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#731339**

Apr 21, 2009 Secretary of State

Entity Name: DOLPHIN COVE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

255 DOLPHIN POINT ROAD 4131 GUNN HWY CLEARWATER, FL 33767 TAMPA, FL 33618

**Current Mailing Address: New Mailing Address:** 

255 DOLPHIN POINT ROAD 4131 GUNN HWY CLEARWATER, FL 33767 TAMPA, FL 33618

FEI Number: 59-1997294 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TANKEL, ROBERT L P.A. 1022 MAIN STREET SUITE D DUNEDIN, FL 34698 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

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition POUND, FRANK Name:

POUND, FRANK Name: 255 DOLPHIN PT, # 1001 Address: 4131 GUNN HWY Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change ( ) Addition LEVIN, HARVEY Name: LEVIN, HARVEY Name:

Address: 255 DOLPHIN PT. PH-8 Address: 4131 GUNN HWY City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: TAMPA, FL 33618

Title: DS () Delete Title: (X) Change ( ) Addition

YATES, SANDRA YATES, SANDRA Name: Name: 255 DOLPHIN PT, # 904 4131 GUNN HWY Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: TAMPA, FL 33618

Title: DT ( ) Delete Title: (X) Change ( ) Addition

Name: HAZZARD, WILLIAM Name: HAZZARD, WILLIAM 4131 GUNN HWY Address: 255 DOLPHIN PT 412 Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change ( ) Addition

ZELDA, BEELER ANASTOS, LULA Name: Name: 255 DOLPHIN PL #703 4131 GUNN HWY Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK POUND Ρ 04/21/2009