

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751374

FILED
Apr 03, 2009
Secretary of State

Entity Name: DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

INC.
464 N PAULA DR
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

INC.
464 N PAULA DR
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-1977516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH R. P.A.
1964 BAYSHORE BLVD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: JUREK, EWA
Address: 321 ARBOR DR
City-St-Zip: PALM HARBOR, FL 34683

Title: V () Delete
Name: MERCIER, RICHARD
Address: 1352 HOMESTEAD DR
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: KING, DIANNA
Address: 47720 HARBOR DR
City-St-Zip: CHESTERFIELD, MI 48047

Title: S () Delete
Name: MIDGLEY, JACK
Address: 3006 MANLEY DR
City-St-Zip: LANSING, MI 48910

Title: P () Delete
Name: GUIDI, LARRY
Address: 146 LAKEWOOD RD
City-St-Zip: CASCO, ME 04015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CAMPBELL, WILLIAM J
Address: 464 N PAULA DR, UNIT 110
City-St-Zip: DUNEDIN, FL 34698

Title: V (X) Change () Addition
Name: RIGBY, RICHARD
Address: 464 N PAULA DR, UNIT 218
City-St-Zip: DUNEDIN, FL 34698

Title: AS (X) Change () Addition
Name: BONSER, GEORGE
Address: 464 N PAULA DR, UNIT 202
City-St-Zip: DUNEDIN, FL 34698

Title: S (X) Change () Addition
Name: MILES, PAT A
Address: 464 N PAULA DR, UNIT 114
City-St-Zip: DUNEDIN, FL 34698

Title: P (X) Change () Addition
Name: GUIDI, LARRY
Address: 61 CITRUS AVE
City-St-Zip: DUNEDIN, FL 34698

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: WILLIAM J CAMPBELL

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date