## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001965

FILED Apr 30, 2008 Secretary of State

Entity Name: BLUE DOLPHIN CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 215 GRAND BLVD 29-C MIRACLE STRIP PKWY SUITE 200 FORT WALTON BEACH, FL 32548 US MIRAMAR BEACH, FL 32550 US **New Mailing Address: Current Mailing Address:** 215 GRAND BLVD P.O. BOX 2613 SUITE 200 FORT WALTON BEACH, FL 32549 US MIRAMAR BEACH, FL 32550 US FEI Number: 05-0521385 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: GORMLEY, TERRY P RDF ASSOCIATES, INC 215 GRAND BLVD 29-C MIRACLE STŔIP PKWY SW SUITE 200 FORT WALTON BEACH, FL 32548 US MIRAMAR BEACH, FL 32550 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: DEBBIE FOWNER 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MORENO, ANITA Name: Name: Address: 656 HIGHLAND GLEN DR Address: City-St-Zip: BALLWIN, MO 630221 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: FARBER, SIDNEY Name: Address: 4166 BRAWLEY DR NE Address: City-St-Zip: ATLANTA, GA 303191717 US City-St-Zip: Title: DST () Delete Title: () Change () Addition WAGSTAFF, JOE Name: Name: Address: 55 WOODBINE DR Address: City-St-Zip: NEWNAN, GA 30263 US City-St-Zip:

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: ROBERT FOWNER MGR 04/30/2008