


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90017 003 \*\*\*\*61.25

<b>DOCUMENT # N04000005266</b>	
<b>1. Entity Name</b>	
DOLPHIN COVE PROPERTY OWNERS' ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
17170 MOSHER DR SUGARLOAF KEY FL 33042	17170 MOSHER DR SUGARLOAF KEY FL 33042

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b>	<b>Applied For</b>
NO-T APPLICABLE	Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
SEWELL, JAMES 17120 MOSHER DR SUGARLOAF KEY FL 33042	
<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARMAN, JOSHUA	NAME	
STREET ADDRESS	17170 MOSHER DR	STREET ADDRESS	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAZEVIC, MELISSA	NAME	
STREET ADDRESS	17150 MOSHER DR	STREET ADDRESS	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, LYNLY	NAME	Lynly Anne-Curry Hill
STREET ADDRESS	17160 MOSHER DR	STREET ADDRESS	17160 Mosher Dr.
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	CITY-ST-ZIP	Sugarloaf Key, FL 33042
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Lynly C Curry Hill* Lynly Curry Hill sec/1 reas 2/26/06 305 294 4899