2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007635

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PONTE VEDRA BEACH, FL 32082

() Delete

PONTE VEDRA BEACH, FL 32082

MCCOY, RONDA

24 SEATROUT ST

FILED Mar 13, 2009 Secretary of State

Entity Name: DOLPHIN COVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10 BONITA DR PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** 10 BONITA DR PONTE VEDRA BEACH, FL 32082 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAW OFFICES OF MILLER & COOPER, P.A. 13400 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 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 MULLER, BETH5 BERNIE, BRISTOW Name: Name: 4 TARPON RD Address: 45 DOLPHIN BLVD Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: Title: (X) Change () Addition () Delete BROWN, KRIS Name: DENISE, BALTHIS Name: Address: 33 SAILFISH DR Address: 13 TARPON RD City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: (X) Change () Addition CLAY, RUSSELL REINOEHL, CAROL Name: Name: 28 SAILFISH DR Address: Address: 11 SEATROUT ST City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 () Change () Addition Title: () Delete Title: WEINBURGER, BARBARA Name: Name: Address: 10 BONITA DR Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA WEINBURGER T 03/13/2009

() Change () Addition