

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90111 017 ****61.25

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02252005 Chg-NP CR2E037 (10/03)

DOCUMENT # N05645 1. Entity Name THE LADY DOLPHIN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US			Mailing Address CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US		
2. Principal Place of Business 3645 SE 8th Pl. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 151845 Suite, Apt. #, etc.			
City & State Cape Coral, FL Zip 33904		City & State Cape Coral, FL Zip 33904		4. FEI Number 59-6822880	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRIFKA, BEVERLY C-21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name PAOLA SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 406 S.W. 1st St. 3645 SE 8th Pl. City Cape Coral FL Zip Code 33904		
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 <u><i>Paola Sanchez</i></u> DATE <u>4/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULTON, JOHN 1703 HUNTS END COURT VIENNA, VA 22182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARBONZ, PETER 1339 SE 46TH LN #12 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRENGTHOLT, MARC 1428 SW 50 ST. #117-A CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, BERNIE 1339 SE 46TH AVE 10 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Alice Everett 1335 SE 46th Ln #1 Cape Coral, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Alice Everett 1335 SE 46th Ln #1 Cape Coral, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Alice A. Everett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4-23-05</u> <small>Date Daytime Phone #</small>	