

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90024 008 \*\*\*\*61.25

<b>DOCUMENT # N05645</b> 1. Entity Name <b>THE LADY DOLPHIN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2799 DEL PRADO BLVD.</b> <b>CAPE CORAL, FL 33903 US</b>				Mailing Address <b>P.O. BOX 151845</b> <b>CAPE CORAL, FL 33904 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1319 MIRAMAR ST</b> Suite, Apt. #, etc. <b>100</b>		3. Mailing Address <b>1319 MIRAMAR ST</b> Suite, Apt. #, etc. <b>100</b>			
City & State <b>CAPE CORAL</b>		City & State <b>CAPE CORAL</b>		01072008 Chg-NP CR2E037 (12/06)	
Zip <b>33904</b>		Country <b>U.S.A</b>		4. FEI Number <b>59-6822880</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ZUNINO, PAOLA</b> <b>C/O GPM, INC</b> <b>2799 DEL PRADO BLVD.</b> <b>CAPE CORAL, FL 33903</b>			7. Name and Address of New Registered Agent Name <b>GPM INC PAOLA ZUNINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1319 MIRAMAR ST. # 100</b>  City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33904</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<b>PAOLA ZUNINO</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>PD</b> <b>FULTON, JOHN</b> <b>1703 HUNTS END COURT</b> <b>VIENNA, VA 22182</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>SD</b> <b>RICCARDI, JAMES</b> <b>218 UHL DRIVE</b> <b>AKRON, OH 44319</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>TD</b> <b>MILLER, BERNIE</b> <b>1339 SE 46TH AVE 10</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>VD</b> <b>EVERETT, ALICE</b> <b>1335 SE 46TH LANE #1</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.					
SIGNATURE:			<b>3/10/08</b> <b>(239) 542-7712</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					