

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90006 040 \*\*\*\*61.25

66007640



**DOCUMENT # N06000001421**

1. Entity Name  
**DOLPHIN COVE OF PINELLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**10825 SEMINOLE BLVD STE 1  
LARGO, FL 33778**

Mailing Address  
**10825 SEMINOLE BLVD STE 1  
LARGO, FL 33778**

2. Principal Place of Business, No P.O. Box #  
**142 174th TERR DR. E.**

3. Mailing Address  
**Redington Shores, FL**

Suite, Apt. #, etc.  
**Redington Shores, FL**

City & State  
**Redington Shores, FL**

Zip  
**33708**

Country  
**P. n e l l a s**

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-4632151**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOFSTRA, PETER T  
8640 SEMINOLE BLVD  
SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent  
Name  
**Thomas W. KAPPER**  
Street Address (P.O. Box Number is Not Acceptable)  
**10825 Seminole BLVD. #1**  
City  
**LARGO** FL Zip Code  
**33778**

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 *Thomas W. Kapper*  
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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<br>CITY-ST-ZIP                | TITLE                                                 | NAME | STREET ADDRESS<br>CITY-ST-ZIP                                                |
|                            | DP                | <input type="checkbox"/> Delete              |                                                       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            | KAPPER, THOMAS W  | 10825 SEMINOLE BLVD STE 1<br>LARGO, FL 33778 |                                                       |      |                                                                              |
|                            | DV                | <input checked="" type="checkbox"/> Delete   |                                                       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            | KAPPER, NANCY     | 10825 SEMINOLE BLVD STE 1<br>LARGO, FL 33778 |                                                       |      |                                                                              |
|                            | DST               | <input type="checkbox"/> Delete              |                                                       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            | MARINACCIO, KEVIN | PO BOX 66904<br>ST PETE BEACH, FL 33736      |                                                       |      |                                                                              |
|                            |                   | <input type="checkbox"/> Delete              |                                                       |      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                            |                   |                                              |                                                       |      |                                                                              |
|                            |                   | <input type="checkbox"/> Delete              |                                                       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |                   |                                              |                                                       |      |                                                                              |
|                            |                   | <input type="checkbox"/> Delete              |                                                       |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |                   |                                              |                                                       |      |                                                                              |

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 all other like empowered.

SIGNATURE: *Thomas W. Kapper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
**3/2/07 727-397-1192**