2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N07000001831

Entity Name: DOLPHIN POINTE CONDOMINIUM AND YACHT CLUB ASSOCIATION, INC.

Current Principal Place of Business:

2033 MAIN ST., STE. 600
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2033 MAIN ST., STE. 600
SARASOTA, FL 34237

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ICARD, MERRIL, CULLIS, TIMM, FUREN & GINSB
8470 ENTERPRISE CIRCLE
C/O STEPHEN D. REES
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: STIVER, WILLIAM E.
Address: P.O. BOX 345
City-St-Zip: ENGLEWOOD, FL 34295

Title: DV ( ) Delete
Name: ADORJAN, LOUIS A. JR.
Address: P.O. BOX 345
City-St-Zip: ENGLEWOOD, FL 34295

Title: DS ( ) Delete
Name: STIVER, CARLA A.
Address: P.O. BOX 345
City-St-Zip: ENGLEWOOD, FL 34295

Title: T ( ) Delete
Name: ADORJAN, MARGARET A.
Address: P.O. BOX 345
City-St-Zip: ENGLEWOOD, FL 34295

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WILLIAM E. STIVER DP 06/17/2009
Electronic Signature of Signing Officer or Director — Date