

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N15507

1. Entity Name
DOLPHIN RUN OWNERS ASSOCIATION, INC.



Principal Place of Business
**7884 PARLIAMENT COURT
TALLAHASSEE, FL 32309 US**

Mailing Address
**7884 PARLIAMENT COURT
TALLAHASSEE, FL 32309 US**



01222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2897504

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, JACK G.
502 HARMON AVE
PANAMA CITY, FL 32401**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title 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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
POITEVINT, JOYCE
1410 TALLAHASSEE RD.
BAINBRIDGE, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FOKES, BILL
7884 PARLIAMENT COURT
TALLAHASSEE, FL 32309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GERAINE, NORA
10410 BLACK BEAR RD
KALKASKA, MI 49646**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FOKES, ELLEN
7884 PARLIAMENT COURT
TALLAHASSEE, FL 32309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000607449
01/31/07-80038-009 61.25

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IN THIS SPACE**

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:

Ellen Fokes
Ellen Fokes

1/22/07
Date

850-894-0483
Daytime Phone #