## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #
1. Corporation Name

N18129

(9)

## DOLPHIN INN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address							1 48 81919 8 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1	TRIL MEDEL AINTI MINE		
6555 ESTERO BLVD. FT. MYERS BEACH FL 33931			6555 ESTERO BLVD. FT. MYERS BEACH FL 33831-4401							
							3. Date Incorporated or Qualified 12/08/1986	3a. Date of 1 01/2	ast R 9/19	port <b>96</b>
2. Principal Pl	lace of Business	2a. Mai 26	ling Address				4. FEI Number 59-2747324			plied For t Applicable
Suite, Apt.	#, etc.	Suit <b>27</b>	te, Apt. #, etc.				5. Certificate of Status Desired			dditional quired
City & State		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zıp <b>24</b>	Country 25	29	29 30		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
	9. Name and Addres	s of Current Registered	d Agent		. 1		10. Name and Address of New Re	gistered Agent		
				81	۱ ا	Name				
Wagner, donna 6555 estero blvd.				82	2	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
FT. MYE	RS FL 33931			83	3					
				84	1	City		FL 85	Zip (	
11. Pursuant I office or re agent. La	to the provisions of Section egistered agent, or both, m familiar with, and acce	ons 617.0502 and 617.19 in the State of Florida. S opt the obligations of, Se	508, Florida Statut luch change was a ction 617.0503, Flo	es, the abov authorized b orida Statute	ve-r by ti	named corpo he corporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of chan of the appointment	gin <b>g it</b> ent <b>a</b> s	s registered registered
SIGNATURE										
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name				gent	signature required		DATE	OTOD	0.01.40
12.	<del> </del>	FICERS AND DIRECTOR	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		CTOR nange	S IN 12 Addition
NAME	DPS Wagner, Donna		C DECEN	1.1 TITLE 1.2 NAME				البا البا	ra i No	L Addition
STREET ADDRESS	6555 ESTERO BOI			1.3 STREE		noncee				
CITY-ST-ZIP	FORT MYERS BEA			1.4 CHTY -						
TIFLE	DVT	WITE .	DELETE	2.1 TITLE		Zir		Пс	nange	Addition
NAME	WAGNER, ERNST	s		2.2 NAME						
STREET ADDRESS	6555 ESTERO BOI			2.3 STREE		DORESS				
CITY - ST - ZIP	FORT MYERS BEA			2. 4 CITY			• •			
TITLE	D		☐ DELETE	3.1 TITLE				□ Ci	nange	Addition
NAME	HILL, JOAN			3.2 NAME						
STREET ADDRESS	6555 ESTERO BLV	'D		3.3 STREE	ET AL	DORESS				
CITY-S1-ZIP	FT MYERS BEACH	FL		3.4, CITY-	- <u>S</u> T-	- ZIP				
THILE			DELETE	4.1 TITLE				☐ C	nange	Addition
NAME				4. 2 NAMI	E					
STREET ADDRESS				4.3 STREE	ET AC	DORESS				
CITY-ST-ZIP				4.4 City-	ST-	ZIP				
TITLE			DELETE	5.1 TITLE					nange	Addition Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	ET AC	DDRESS				
CITY-ST-ZIP				5.4 CITY -	ST-	ZIP				
TITLE			☐ DELETE	6.1 TITLE				☐ C	ange	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	ET AC	DDRESS				
CITY C1 7/D				C 4 CITY	CT	710				

SIGNATURE:

Donna Wagner

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Mar 06 1997 8:00am

Secretary of State