## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

AMM	1998		Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
DOCU 1. Corporation	MENT # N1	8129	(9)							
DOLPI	HIN INN CONDOMIN	IUM ASSOCIATIO	N, INC.				i (Bailla) aaj bisa) jäjaj jisaa kist	0 f0(( \$(0)) d	liani afan asan	BIĞIL BIĞIL LARL
Principal Place of Business Mailing Address										
SEPT CATERO DI S										
6555 ESTERO FT. MYERS BE	BLVD. EACH FL 33931		'ERO BLVD. RS BEACH FL 33	9931			3. Date Incorporated or Qualified 12/08/1986 4. FEI Number			pplied For
2. Principal 6	Place of Business	2a Mailir	ng Address				59-2747324			lot Applicable
21		26	·g / \dd/000				<ol><li>Certificate of Status Desired</li></ol>			Additionat Required
Sulte, Apt.	. #, etc.	·	, Apt. #, etc.	···			6. Election Campaign Financing		\$5.00	•
22		27					Trust Fund Contribution		Added	
City & Stat	te	City &	& State				7. Is this nonprofit corporation a h	omeowne	ers association	on?
23		28					·		□ No	
Zip	Country	Zip		Cour	ntry		6. This corporation owes or has p			
24	25 9. Name and Address	of Current Registered	Agent	30			Personal Property Tax due Jun  10. Name and Address of New R			<b>≥</b> No
	5, Hamo and Rudioss	or ourrent negretered i	Agont		81 Nar	me	IU. Hallie alki Address of New H	aðistalan	Agent	
WAGAIE	D DONNA									
WAGNER, DONNA 6555 ESTERO BLVD.					<b>82</b> Stre	et Addre	ss (P.O. Box Number is Not Accepta	ble)		
	ERS FL 33931			ħ	63					• • • • • • • • • • • • • • • • • • • •
* ** ***	210123001			Į.	44 0%				12.1.2	
				J'	64 City	,		FL	_ <b> 85  </b> Zip	Code
11. Pursuant	to the provisions of Sections	617.0502 and 617.150	8, Florida Statu	tes, the ab	ove-nam	ed corpo	oration submits this statement for the on's board of directors. I hereby acce	purpose o	of changing	its registered
agent. I a	am familiar with, and accept	the obligations of Secti	on 617 0503 FI	autnorizea orida Statu	by the d ites.	corporatio	on's board or directors. I hereby acce	ipt the ap	pointment as	s registered
		the congations of coots	011 0 17 100000, 11							
SIGNATURE										
	Signature, typed or printed name of re	agestered agent and title if applica	able. (NOT	E: Registered			1 when reinstating)	DATE		
12.	Signature, typed or printed name of re		able. (NO	E: Registered	Agent signs			DATE	D DIRECTO	RS IN 12
<b>12.</b>	Signature, typed or printed name of re OFFIC	agestered agent and title if applica	able. (NOT	TE: Registered 13.	Agent signs E		1 when reinstating)	DATE		
12. TITLE NAME	Signature, typed or printed name of re OFFIC  DPS WAGNER, DONNA	agestered agent and title if applica CERS AND DIRECTORS	able. (NO	TE: Registered 13. 1.1 TITU	Agent signs E dE	ature required	1 when reinstating)	DATE	D DIRECTO	RS IN 12
12. Title Name Street address	Signature, typed or printed name of re OFFIC  OPS WAGNER, DONNA 6555 ESTERO BOULE	ngestered agont and title if applice CERS AND DIRECTORS	able. (NO	13. 1.1 TITU 1.2 NAM 1.3 STR	Agent signs E ME EET ADDRE	ature required	1 when reinstating)	DATE	D DIRECTO	RS IN 12
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14. I 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 cath; 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.

Donna Wagner

**FILED** 

Mar 17 1998 8:00am