

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18129

1. Entity Name

DOLPHIN INN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6555 ESTERO BLVD.
FT. MYERS BEACH FL 33931

Mailing Address

6555 ESTERO BLVD.
FT. MYERS BEACH FL 33931-4401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2747324

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, DONNA
6555 ESTERO BLVD.
FT. MYERS FL 33931

7. Name and Address of New Registered Agent

Name PETER S. PATERNO JR.
Street Address (P.O. Box Number is Not Acceptable)
6555 ESTERO BLVD
City FT. MYERS BCH, FL Zip Code 33931

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.

SIGNATURE

Peter S. Paterno / President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WAGNER, DONNA 6555 ESTERO BOULEVARD FORT MYERS BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WAGNER, ERNST S 6555 ESTERO BOULEVARD FORT MYERS BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JOAN 6555 ESTERO BLVD FT MYERS BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PATERNO, PETER S. JR. 6555 ESTERO BLVD FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PATERNO, PETER S. JR. 6555 ESTERO BLVD FT. MYERS BCH, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLNER, DEBORAH 6555 ESTERO BLVD FT MYERS BCH, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

12. 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 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:

Peter S. Paterno PETER S. PATERNO JR 1/31/00 941 463 604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90054 006 ****61.25

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DO NOT WRITE IN THIS SPACE