

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90039 026 \*\*\*\*61.25

**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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212007

Chg-NP

CR2E037 (12/06)

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**

**PATERNO, PETER S JR  
6555 ESTERO BLVD.  
FT. MYERS, FL 33931**

**7. Name and Address of New Registered Agent**

Name

**R. Travis Owen**

Street Address (P.O. Box Number is Not Acceptable)

**6555 Estero Blvd.**

City

**Ft. Myers Beach**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*R. Travis Owen President*

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

(NOTE: Registered Agent signature required when reinstating)

**8/15/07**

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
PATERNO, PETER JR  
6555 ESTERO BLVD  
FORT MYERS BEACH, FL 33931** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
PATERNO, ZOLA  
6555 ESTERO BOULEVARD  
FORT MYERS BEACH, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/M  
ORTMAN, CYNTHIA  
1717 GANWOOD DR  
CROFTON, MD 21114** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
RICHARD T. OWEN  
6555 ESTERO BLVD  
FT. MYERS BEACH, FL 33931** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
ROSS E. MARBURGER  
1091 JEFFERSON COURT  
NEWBURGH, IN 47630** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY  
JERRY A. LINDLEY  
6470 N CO. RD. 1120 E  
CHARLESTON, IL 61920** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER  
JOSEPH P. OWEN  
17 DORAL COURT  
MATTOON, IL 61938** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*R. Travis Owen President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/23/07**

**239 463 6049**