SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 02 1998 8:00am
Secretary of State

DOCUMENT # N32440 (2)

1. Corporation Name
DOLPHIN SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 DOLPHIN SHORES CIR NOKOMIS FL 34275	300 DOLPHIN SHORES CIR NOKOMIS FL 34275

3. Date Incorporated or Qualified: 05/22/1989

4. FEI Number: 65-0125769 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WRIGHT, ORLANDO 320 DOLPHIN SHORES CIRCLE NOKOMIS FL 34275	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, ORLANDO		1.2 NAME		
STREET ADDRESS	320 DOLPHIN SHORES CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIRSCH, CHRISTINA		2.2 NAME		
STREET ADDRESS	355 DOLPHIN SHORES CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 34275		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FORBES, ELLEN		3.2 NAME		
STREET ADDRESS	365 DOLPHIN SHORES CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 34275		3.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WOODRUFF, ARTHUR		4.2 NAME		
STREET ADDRESS	360 DOLPHIN SHORES CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 34275		4.4 CITY-ST-ZIP		
TITLE	TD MBR	☐ DELETE	5.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	BUTTERFIELD, MICHAEL		5.2 NAME	BUTTERFIELD, MICHAEL	
STREET ADDRESS	369 DOLPHIN SHORES CIR		5.3 STREET ADDRESS	369 DOLPHIN SHORES, CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275		5.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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 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.

SIGNATURE: MICHAEL D. BUTTERFIELD Michael D Butterfield TREASURER 8/22/98 941-485-4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #