

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91387 024 \*\*\*\*61.25

**DOCUMENT # N32440**

1. Entity Name

**DOLPHIN SHORES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**300 DOLPHIN SHORES CIR  
 NOKOMIS FL 34275**

Mailing Address

**300 DOLPHIN SHORES CIR  
 NOKOMIS FL 34275**

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

**65-0125769**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNOW, WILLIAM J III  
 319 DOLPHIN SHORES CIR  
 NOKOMIS FL 34275**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                          |                                            |
|------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SNOW, W J III<br>319 DOLPHIN SHORES CIRCLE<br>NOKOMIS FL 34275     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>KIRSCH, CHRISTINA<br>355 DOLPHIN SHORES CIRCLE<br>NOKOMIS FL 34275 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BUTTERFIELD, GAYLE<br>369 DOLPHIN SHORES CIRCLE<br>NOKOMIS FL 34275 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>FRYREAR, AMY<br>PO BOX 1262<br>NOKOMIS FL 34274                    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FRYREAR, GARY<br>305 DOLPHIN SHORES CIRCLE<br>NOKOMIS FL 34275      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WRIGHT, MARY J<br>374 DOLPHIN SHORES CIRCLE<br>NOKOMIS FL 34275     | <input checked="" type="checkbox"/> Delete |

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VE<br>[Signature]                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VAN BUSKIRK, TONY<br>329 DOLPHIN SHORES CIR<br>NOKOMIS, FL 34275  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SE<br>HORNBERGER, CHERYL<br>380 DOLPHIN SHORES CIR<br>NOKOMIS, FL 34275 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HAGER, William B.<br>334 DOLPHIN SHORES CIR<br>NOKOMIS, FL 34275   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GARDNER, KRISTEN<br>330 DOLPHIN SHORES CIR<br>NOKOMIS, FL 34275    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RILEY, TERRY<br>344 DOLPHIN SHORES CIR<br>NOKOMIS, FL 34275        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William B. HAGER, TREAS 3/17/02 922-3480**

Date

Daytime Phone #

CR2E037 (9/01)