

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90141 049 \*\*\*\*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**

**50003402**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0125769**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	DP	<input type="checkbox"/> Delete
NAME	LOFSTROM, ROGER	
STREET ADDRESS	310 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORSTKAMP, JULIE	
STREET ADDRESS	384 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, KRISTEN	
STREET ADDRESS	330 DOLPHIN SHORES CIR.	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODRUFF, JEAN	
STREET ADDRESS	360 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRYREAR, GARY	
STREET ADDRESS	305 DOLPHIN SHORES CIRCLE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAGER, WILLIAM	
STREET ADDRESS	334 DOLPHIN SHORES CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BAGDAVITZ	
STREET ADDRESS	315 DOLPHIN SHORES CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM FUHR	
STREET ADDRESS	349 DOLPHIN SHORES CIR	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William B. Hager, Treas* 3/11/06 (941)483-3728