APR-07-2006(FRI) 13:21 Dolphin Cay (F

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Secretary of State
04-21-2006 90115 035 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

50014440

DOCUMENT # N44558

1. Entity Name
DOLPHIN CAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4779 DOLPHIN CAY LANE SOUTH SAINT PETERSBURG, FL 33711 US	4779 DOLPHIN CAY LANE SOUTH SAINT PETERSBURG, FL 33711 US

DO NOT WRITE IN THIS SPACE

04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3108354
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAPALBO, ANTHONY
STREET ADDRESS	4717 DOLPHIN CAY LANE S., #606
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711
TITLE	SD
NAME	STOFFELS, ROBERT
STREET ADDRESS	5018 SANDPIPER LANE S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711
TITLE	D
NAME	LACHNICHT, ROBERT
STREET ADDRESS	4780 DOLPHIN CAY LANE S., #207
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711
TITLE	VD
NAME	HUESTIS, JUDY
STREET ADDRESS	4750 DOLPHIN CAY LANE S, #101
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711
TITLE	TD
NAME	ROSS, IKE
STREET ADDRESS	4801 OSPREY DRIVE S, #402
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711
TITLE	D
NAME	CORTY, CLAUDE
STREET ADDRESS	4717 DOLPHIN CAY LANE S #504
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711

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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: Tony Capalbo, Mgr. DCP0# _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S0014440
#N44558

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: THOMPSON, LAURIE
STREET ADDRESS: 4737 DOLPHIN CAY LANE SOUTH #B608
CITY-ZIP- STATE: ST. PETERSBURG, FL. 33711

TITLE: D
NAME: WILLIAM NIEHAUS
STREET ADDRESS: 4801 OSPREY DRIVE SOUTH E604
CITY-ZIP-STATE: ST. PETERSBURG, FL. 33711

TITLE: D
NAME: JOHN KALL
STREET ADDRESS: 4830 OSPREY DRIVE SOUTH F304
CITY-ZIP- STATE: ST PETERSBURG, FL. 33711