2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N44558

Entity Name: DOLPHIN CAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3001 EXECUTIVE DR
STE 260
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DR
STE 260
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 59-3108354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CAPALBO, ANTHONY	
Address:	4717 DOLPHIN CAY LANE S., #606	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	SD	( ) Delete
Name:	STOFFELS, ROBERT	
Address:	5018 SANDPIPER LANE S.	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	TD	( ) Delete
Name:	LACHNICHT, ROBERT	
Address:	4780 DOLPHIN CAY LANE S., #207	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	VD	( ) Delete
Name:	HUESTIS, JUDY	
Address:	4750 DOLPHIN CAY LANE S, #101	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	D	( ) Delete
Name:	MURELLE, BOB	
Address:	4737 DOLPHIN CAY LANE S # 104	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	D	( ) Delete
Name:	THOMPSON, LAURA	
Address:	4717 DOLPHIN CAY LANE S #608	
City-St-Zip:	SAINT PETERSBURG, FL 33711	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY CAPALBO PD 03/20/2009
Electronic Signature of Signing Officer or Director — Date