

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida
32399-0001

APPROVED
FILED

55 MAY 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000302 (0)

DOLPHIN POINT PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

RT. 3, BOX 259
BIG PINE KEY FL 33043
BIG RT. 3 BOX 259
BIG PINE KEY FL 33043

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

3 Date Report Created or Qualified	3a Date of Last Report
01/19/1993	04/21/1994
4 FEE NUMBER	Applied For
NOT APPLICABLE	Not Applicable
5 Certificate of Status Desired	\$8.75 Additional Fee Required
6 Election to Waive Right to Sue	\$5.00 May Be Added to Fees
7 Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8 This corporation has liability for information tax under S. 193.002, Florida Statutes	Yes No

9 Name and Address of Current Registered Agent	10 Name and Address of New Registered Agent										
SMITH, J. ALLEN BARNETT BANK BLDG. SECOND FLOOR MILE MARKER 25, U.S. HIGHWAY #1 SUMMERLAND KEY FL 33042	<table border="1"> <tr> <td>B1 Name</td> <td></td> </tr> <tr> <td>B2 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>B3 City</td> <td></td> </tr> <tr> <td>B4 State</td> <td>FL</td> </tr> <tr> <td>B5 Zip Code</td> <td></td> </tr> </table>	B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)		B3 City		B4 State	FL	B5 Zip Code	
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B3 City											
B4 State	FL										
B5 Zip Code											

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12 OFFICERS AND DIRECTORS	13 ADDITIONAL OFFICERS AND DIRECTORS																																										
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and does not qualify for this reporting period as provided in the laws of the State of Florida. I further certify that the information is indicated on this annual report or supplemental annual report as 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 registered agent or person empowered to sign this report as required by Chapter 607, Florida Statutes, and that my name appears in the F-12 or Block 14 of this report, or on an alternate form with an address.

SIGNATURE: *Virginia Sadler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/25/95 (305) 872-2490