


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000302 (0)**

1. Corporation Name

DOLPHIN POINT PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

01/19/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

81 Name

Adele V. Stones

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

221 Simonton St

83

84 City

Key West

FL

85 Zip Code

33040

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Nellie Lightner*
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

3/6/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LIGHTNER, NELLIE	
STREET ADDRESS	RT 3, BOX 259	
CITY-ST-ZIP	BIG PINE KEY FL	

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	CHRONISTER, DOROTHY	
STREET ADDRESS	RT 3, BOX 263	
CITY-ST-ZIP	BIG PINE KEY FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SADLER, VIRGINIA	
STREET ADDRESS	RT. 3, BOX 259	
CITY-ST-ZIP	BIG PINE KEY FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sadler, Virginia
2.3 STREET ADDRESS	RT 3 Box 259
2.4 CITY-ST-ZIP	Big Pine Key FL 33043

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Adele V. Stones DS
3.3 STREET ADDRESS	Big Pine Key, FL 33043
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nellie Lightner*

3/6/98 305 822 2490

CR2E037 (10/97)