
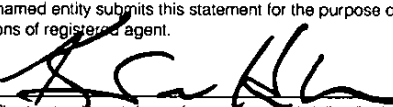
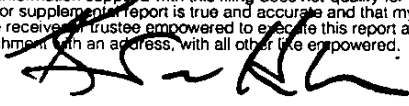


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 040 ****61.25

DOCUMENT # N93000000818 1. Entity Name LE DAUPHIN CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1044 CASTELLO DR SUITE 206 NAPLES, FL 34103 US		Mailing Address 1044 CASTELLO DR SUITE 206 NAPLES, FL 34103 US	
2. Principal Place of Business - No P.O. Box # Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907		Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DR SUITE 206 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: HAYDEN, KEN Street Address (P.O. Box Number is Not Applicable): 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907 City: _____ 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:  DATE: 4-11-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE: P NAME: OLSON, GENE STREET ADDRESS: 9790 GULF SHORE DRIVE, PH-4 CITY-ST-ZIP: NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: MARTIN, BUD STREET ADDRESS: 9790 GULF SHORE DR., #306 CITY-ST-ZIP: NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: McBRIDE, DALE STREET ADDRESS: 2811 GULF SHORE DRIVE #303 CITY-ST-ZIP: NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: KLOET, PETER STREET ADDRESS: 9811 GULF SHORE DRIVE, #203 CITY-ST-ZIP: NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE: T NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: S NAME: DEL TERGO, PHYLLIS STREET ADDRESS: 4740 GULF SHORE DRIVE #305 CITY-ST-ZIP: NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: D NAME: FREUND, DAVE STREET ADDRESS: 2811 GULF SHORE DRIVE #602 CITY-ST-ZIP: NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: pm NAME: Ken Hayden STREET ADDRESS: 8359 Beacon Blvd, Suite 213 CITY-ST-ZIP: Ft Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 supplement 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, 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: 		DATE: 4-11-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	