2005

## 2004 NOT-FOR-PROFIT CORPORATION -AMENDED ANNUAL REPORT

OCUMENT # N9300004980			nivi	SECRETARY OF STATE DIVISION OF CORPORATIONS		
DOLPHIN COVE HOMEOWNERS AS			MAR -3 AM			
Principal Place of Business 205 - 46TH AVENUE ST. PETERSBURG BEACH, FL 33706 US	Mailing Address 205 - 46TH AVENUE ST. PETERSBURG BEAC	H, FL 33706 US				
2. Principal Place of Business	rincipal Place of Business 3. Mailing Address					
203 ", etc 46m Are			11032004 Chg-NP CR2E037 (10/03)		37 (10/03)	
St. Pete Beach Fr	the Boack for SI Pett Beach for		4. FEI Number 59-3212472		Applied For Not Applicable	
33906 Country U.S.	33706	Country	5. Certificate of State		\$8.75 Additional Fee Required	
6. Name and Address of Current F PANDOLFI, ALDO R 205 46TH AVE ST. PETERSBURG BEACH, FL 33706	/ //	ess of New Registered  ot Acceptable)  FL	Zip 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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
			\$5.00 May Be Added to Fees		ck payable to intrent of State	
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND D	RECTORS IN 10	
ITILE V  NAME BAILEY, JOHN  STREET ADDRESS  CITY-ST-ZIP SEMINOLE, FL	BAILEY, JOHN 7012 GREENBRIER DRIVE			BAILBY, JOHN 7012 Bleenbier Dr. Seminole FL		
TITLE P NAME PANDOLFI, ALDO R STREET ADDRESS 205-46TH AVENUE	PANDOLFI, ALDO R		ggy Andles 1 46th Ave	Boach Re	☑Change □ Addition	
ITILE TS  NAME	-KANE, GINA				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 03/11/09	1 <b>048161</b> 501002022	Change Addition	
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
12. 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 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:  SIGNATURE:  Date  Dat						