

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90354 006 ****61.25

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1. Entity Name
DOLPHIN COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**100 MADRID BLVD.
STE. 311
PUNTA GORDA, FL 33950**

Mailing Address
**100 MADRID BLVD.
STE. 311
PUNTA GORDA, FL 33950**

40077



2. Principal Place of Business

3. Mailing Address

6025 Taylor Rd #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State

City & State
Punta Gorda, FL

4. FEI Number
59-3294467

Applied For
Not Applicable

Zip

Country

Zip

Country

33950

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WCI PROPERTY MANAGEMENT, INC.
24201 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent

Name **Star Hospitality Management**
Street Address (P.O. Box Number is Not Acceptable)

6025 Taylor Road Ste 2
City **Punta Gorda** FL **33950**

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

Shelia Gueiros

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-24-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD SHAW, ROBERT R**
STREET ADDRESS **24521 DOLPHIN COVE DR.**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE ☐ Delete
NAME **VPD HAMILTON, RICHARD**
STREET ADDRESS **24590 DOLPHIN COVE DR**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE ☐ Delete
NAME **STD HONICKMAN, STEPHEN**
STREET ADDRESS **24511 DOLPHIN COVE DR.**
CITY-ST-ZIP **PUNTA GORDA, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Richard Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 941-505-4510
Date Daytime Phone #