

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90052 001 ****61.25

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1. Entity Name
DOLPHIN COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6025 TAYLOR RD
2
PUNTA GORDA, FL 33950**

Mailing Address
**6025 TAYLOR RD 2
PUNTA GORDA, FL 33950**

40006800



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3294467

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAR HOSPITALITY MANAGEMENT
6025 TAYLOR RD STE 2
PUNTA GORDA, FL 33950**

Name

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

City

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 Florida. 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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **CUNNINGHAM, RICHARD**
STREET ADDRESS **24531 DOLPHIN COVE DR #6**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **Sell Trades** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **HAMILTON, RICHARD**
STREET ADDRESS **24590 DOLPHIN COVE DR #4**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **V.P.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Pres.** ☐ Change ☒ Addition
NAME **Thomas Woodling**
STREET ADDRESS **24621 Dolphin Cove Dr.**
CITY-ST-ZIP **Punta Gorda FL 33955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 Cunningham

Richard Cunningham

1/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #