2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002122



2. Principal Place of Business	3. Mailing Address
5037 Ringwood Meadow	5037 Ringwood Meadow
Suite, Apt. #, etć.	Suite, Apt. #, etc. ¹
City & State	City & State

FILED May 03, 2005 8:00 am Secretary of State 05-03-2005 90102 044 ****61.25

DOLPHIN BAY - SIESTA KEY CONDOMINIUM ASSOCIATION, INC.											
Principal Place of Business C/O PAMI MANAGEMENT INC 4983 RINGWOOD MEADOW SARASOTA, FL 34235 US Malling Address 4983 RINGWOOD MEADOW SARASOTA, FL 34235								40073	IN COIN GENER I		HENRY EL (ČE)
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5037 <i>K</i> Suite, Apt.		ood Meadow	Suite, Apt. #, etc.		Mead	(OO)	01062005	Chg-NP	CR2E0	37 (10/03)	
City & Stat	е		City & State				4. FEI Number 65-05764	114		-	Applied For Not Applicable
Zip	•	Country	Zip	Cou	Intry		5. Certificate of	Status Desired		\$8.75 Ac	dditional
	6. Name	e and Address of Current R	legistered Agent				7. Name and A	ddress of New I	Registered	Agent	
PAMI MAN	JAGEMEN	NT INC			Name						
4083 PINC SARASOT	A GOOWS	aeadow 5037 K		3 '	Street A	ddress (I	P.O. Box Number i	s Not Acceptabl	e)		
			·		City				FL	Zip Co	de
		ty submits this statement for stered agent.	the purpose of changing its	register	ed office or	r register	ed agent, or both,	in the State of Fi	lorida. I am	familiar with	n, and accept
SIGNATURE .	Signature, typed	d or printed hame of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signati	ure required	when reinstating)		DATE	·	
	_	e is \$61.25 Way 1, 2005	9. Election Cal Trust Fund				\$5.00 May Be Added to Fees		fake chec		
10.	_	Way 1, 2005	Trust Fund (Contribut			Added to Fees	Flo	rida Depa	tment of	State
10. TITLE	_		Trust Fund (ion.			Flo	rida Depa	RECTORS	N 10
	Due by I	OFFICERS AND DIR	Trust Fund (Contribut	ion.	PD	Added to Fees	FIGES TO OFFICE	rida Depai	RECTORS I	N 10
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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:

ROBUL AND TYPED OR PRINTED NAME OF BIOLOGY OFFICER OR DIRECTOR