

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90102 044 \*\*\*\*61.25

<b>DOCUMENT # N95000002122</b>					
<b>1. Entity Name</b> DOLPHIN BAY - SIESTA KEY CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O PAMI MANAGEMENT INC 4983 RINGWOOD MEADOW SARASOTA, FL 34235 US			<b>Mailing Address</b> 4983 RINGWOOD MEADOW SARASOTA, FL 34235 US		
<b>2. Principal Place of Business</b> 5037 Ringwood Meadow Suite, Apt. #, etc. <b>B</b>		<b>3. Mailing Address</b> 5037 Ringwood Meadow Suite, Apt. #, etc. <b>B</b>			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0576414	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PAMI MANAGEMENT INC. <del>4983 RINGWOOD MEADOW</del> 5037 Ringwood Meadow SARASOTA, FL 34235 <b>'B'</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> HURLEY, BERNARD <b>STREET ADDRESS</b> 1260 DOLPHIN BAY WAY <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> HURLEY, BERNARD <b>STREET ADDRESS</b> 1260 DOLPHIN BAY WAY D403 <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> HAIGH, RONALD <b>STREET ADDRESS</b> 1280 DOLPHIN BAY #405 <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> BARKER, RICHARD <b>STREET ADDRESS</b> 1260 DOLPHIN BAY WAY B501 <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> HASSELMAN, ERIC <b>STREET ADDRESS</b> 1280 DOLPHIN BAY WAY, UNIT #205 <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> WIESNER, ROBERT <b>STREET ADDRESS</b> 1260 DOLPHIN BAY WAY B302 <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PR <b>NAME</b> BRUMFIELD, RICHARD <b>STREET ADDRESS</b> 1280 DOLPHIN BAY BAY #301 <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> TOAL, MARY LOU <b>STREET ADDRESS</b> 1280 DOLPHIN BAY WAY A201 <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> CLARK, THOMAS <b>STREET ADDRESS</b> 1280 DOLPHIN BAY BAY, UNIT #305 <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> KOBLENTZ, MICHAEL <b>STREET ADDRESS</b> 1260 DOLPHIN BAY WAY B301 <b>CITY-ST-ZIP</b> SARASOTA, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert Wiesner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/13/05</u> Daytime Phone # <u>941-349-4664</u>		