


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90304 023 ****61.25

DOCUMENT # N95000002122					
1. Entity Name DOLPHIN BAY - SIESTA KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US			Mailing Address 5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US		
2. Principal Place of Business 5041 Ringwood Meadow Suite, Apt. #, etc. <u>STE. 2</u> City & State <u>SARASOTA FL</u> Zip <u>34235</u> Country <u>USA</u>		3. Mailing Address 5041 Ringwood Meadow Suite, Apt. #, etc. <u>STE. 2</u> City & State <u>SARASOTA FL</u> Zip <u>34235</u> Country <u>USA</u>			
4. FEI Number 65-0576414				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT INC. 5037 RINGWOOD MEADOW B SARASOTA, FL 34235			7. Name and Address of New Registered Agent: Name _____ Street Address (P.O. Box Number is Not Acceptable) <u>5041 Ringwood Meadow</u> <u>STE. 2</u> City <u>SARASOTA</u> <u>FL</u> Zip Code <u>34235</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HURLEY, BERNARD <input checked="" type="checkbox"/> Delete 1260 DOLPHIN BAY WAY SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Axelrod, Edward 1280 Dolphin Bay Way SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARKER, RICHARD <input type="checkbox"/> Delete 1260 DOLPHIN BAY WAY B403 SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition Wiesner, Robert 1260 Dolphin Bay Way Sarasota, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete WIESNER, ROBERT 1260 DOLPHIN BAY WAY SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition TOAL, MARY LOU 1280 DOLPHIN BAY WAY A201 SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete TOAL, MARY LOU 1280 DOLPHIN BAY WAY A201 SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KOBLENTZ, MICHAEL 1260 DOLPHIN BAY WAY B301 SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KOBLENTZ, MICHAEL 1260 DOLPHIN BAY WAY B301 SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Koch, Brad 1280 Dolphin Bay way A203 SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition Axelrod, Edward 1280 Dolphin Bay Way SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Koch, Brad 1280 Dolphin Bay way A203 SARASOTA, FL 34242	
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 11 if changed, or on an attachment with an address, without one, is empowered.					
SIGNATURE: <u>Richard P. Barker</u> RICHARD P. BARKER <u>4/26/06</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					