


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90222 024 \*\*\*\*61.25

<b>DOCUMENT # N96000001611</b>		
1. Entity Name DOLPHIN ISLES HOMEOWNER'S ASSOCIATION, INC.		

Principal Place of Business 2411 NE 32ND AVENUE FORT LAUDERDALE, FL 33305	Mailing Address 2112 NE 32ND AVENUE FORT LAUDERDALE, FL 33305
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60042007



2. Principal Place of Business - No P.O. Box # 3109 NE 25TH STREET Suite, Apt. #, etc.	3. Mailing Address 3109 NE 25TH STREET Suite, Apt. #, etc.
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04242007 Chg-NP CR2E037 (12/06)

City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33305	Country
Zip 33305	Country

4. FEI Number 65-0668035	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FENGLER, MAUREEN 3031 NE 22ND. STREET FORT LAUDERDALE, FL 33305
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	R/D HOLLAND, JOSEPH M 1919 NE 32ND AVENUE FORT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SEIBERT, JOHN E 2507 NE 31 AVE FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP/D CARR, DANIEL T 2411 NE 32ND AVENUE FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D MOSS, ROBERT E 2112 NE 32ND AVENUE FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KALB, GARY 3109 NE 25TH STREET FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D STAWARTZ, TOMAS L 1915 NE 31 AVENUE FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA, ELSA 3200 NE 23RD STREET FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **JOHN E SEIBERT** **APRIL 24, 2007** **954 5630325**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #