

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001611

FILED  
May 02, 2009  
Secretary of State

**Entity Name:** DOLPHIN ISLES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

3109 NE 25TH ST  
FORT LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

3109 NE 25TH ST  
FORT LAUDERDALE, FL 33305

**New Mailing Address:**

**FEI Number:** 65-0668035      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ESPINOSA, ELSA C/S  
3200 NE 23ND. STREET  
FORT LAUDERDALE, FL 33305      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: R/S      ( ) Delete  
Name: JONES, MICHEL  
Address: 3001 N.E 19TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: T/D      ( ) Delete  
Name: MICKOW, ROBYN  
Address: 1924 NE 31 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: PP/D      ( ) Delete  
Name: CARR, DANIEL T  
Address: 2411 NE 32ND AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: C/D      ( ) Delete  
Name: ESPINOSA, ELASA  
Address: 3200 NE 23RD ST  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: P/D      ( ) Delete  
Name: KALB, GARY  
Address: 3109 NE 25TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP/D      ( ) Delete  
Name: STAWARTZ, TOMAS L  
Address: 1915 NE 31 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY KALB

P/D

05/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date