

FILED
Feb 27, 1999 8:00 am
Secretary of State

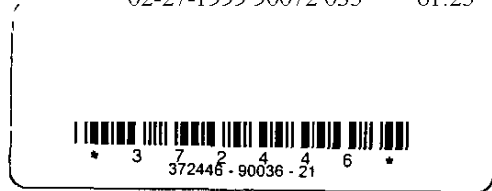
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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000005064
 1. Corporation Name
DOLPHIN'S LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O GOTTLIEB & GOTTLIEB, P.A.
 2475 ENTERPRISE ROAD SUITE 100
 CLEARWATER FL 33763



21. Principal Place of Business MICHELE BUTLER	2a. Mailing Address MICHELE BUTLER	3. Date Incorporated or Qualified 09/08/1997
22. Suite, Apt. #, etc. 372 LARKBOARD WAY	27. Suite, Apt. #, etc. 372 LARKBOARD WAY	4. FEI Number APPLIED FOR 59-3545521
23. City & State CLEARWATER, FL.	28. City & State CLEARWATER, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 33763	29. Zip 33767	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country FLORIDA	30. Country FLORIDA	

9. Name and Address of Current Registered Agent
GOTTLIEB & GOTTLIEB, P.A.
 2475 ENTERPRISE ROAD
 SUITE 100
 CLEARWATER FL 33763

10. Name and Address of New Registered Agent
 81 Name **MICHELE BUTLER**
 82 Street Address (P.O. Box Number is Not Acceptable)
372 LARKBOARD WAY
 83
 84 City **CLEARWATER** FL 85 Zip Code **33767**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE *Michele Butler* DATE **2-1-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE GEIGER, RICHARD C/O GOTTLIEB & GOTTLIEB, P.A. CLEARWATER FL 33763	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	<input checked="" type="checkbox"/> DELETE DOHERTY, JOSETTE C/O GOTTLIEB & GOTTLIEB, P.A. CLEARWATER FL 33763	1.2 NAME John Leanes	
TITLE SD	<input checked="" type="checkbox"/> DELETE GEIGER, JOHN C/O GOTTLIEB & GOTTLIEB, P.A. CLEARWATER FL 33763	1.3 STREET ADDRESS 354 Larkboard Way	
TITLE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Clearwater, FL 33767	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME Michele Butler	
TITLE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 372 Larkboard Way	
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP Clearwater, FL 33767	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME DAN BUTLER	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS 372 LARKBOARD WAY	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP CLEARWATER, FL. 33767	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Michele Butler* DATE **2-1-99** DAYTIME PHONE # **727-442-2881**

CR2E037 (1/98)