

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90052 007 ****61.25

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



Principal Place of Business
JOHN LEANES
354 LARBOARD WAY
CLEARWATER FL 33767

Mailing Address
JOHN LEANES
354 LARBOARD WAY
CLEARWATER FL 33767

00001494



2. Principal Place of Business
PAUL BOUFFARD
Suite, Apt. #, etc.
342 LARBOARD WAY
City & State
CLEARWATER FLORIDA
Zip
33767 Country
USA

3. Mailing Address
PAUL BOUFFARD
Suite, Apt. #, etc.
342 LARBOARD WAY
City & State
CLEARWATER FLORIDA
Zip
33767 Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3545521** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEANES, JOHN
354 LARBOARD WAY
CLEARWATER FL 33767

7. Name and Address of New Registered Agent
Name **PAUL BOUFFARD**
Street Address (P.O. Box Number is Not Acceptable)
342 LARBOARD WAY
City **CLEARWATER** FL Zip Code **33767**

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 *Paul E. Bouffard* DATE **01/05/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEANES, JOHN 354 LARBOARD WAY CLEARWATER FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTCHER, SHERI 360 LARBOARD WAY CLEARWATER FL 33767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEANES, SANDRA 354 LARBOARD WAY CLEARWATER FL 33767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUFFARD, PAUL 342 LARBOARD WAY CLEARWATER FL 33767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEANES, JOHN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 354 LARBOARD CLEARWATER, FL 33767
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	TD JAM DUTCHER 360 LARBOARD WAY CLEARWATER FL 33767 <input type="checkbox"/> Change <input checked="" 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 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.

SIGNATURE: *Paul E. Bouffard* DATE: **01/05/03** TIME: **8:13 274 6498**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)