

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000081915

1. Entity Name
DOLPHIN COVE OF FLAGLER BEACH, INC.



Principal Place of Business
1815 N OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

Mailing Address
1815 N OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

FILED
05 JAN -5 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04



09212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WARM, STEVEN
2101 CORPORATE BLVD SUITE 215
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

500042361005
01/01/04--01064--013 **550.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WHITTAKER, RICHARD
STREET ADDRESS 1815 N. A1A OCEANSHORE BLVD
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE V
NAME EANNIELLO, FRANK
STREET ADDRESS 52-47 84TH ST
CITY-ST-ZIP ELMHURST, NY 11373

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #