

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000083567**

1. Entity Name  
DOLPHIN POINTE DEVELOPMENT, INC.



Principal Place of Business

1500 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34223

Mailing Address

P.O. BOX 345  
ENGLEWOOD, FL 34295



02192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3017572

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HANEWINCKEL, DEAN  
2650 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34224

**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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TRES  
ADORJAN, MARGARET A  
1500 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ADORJAN, LOUIS A JR.  
1500 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
STIVER, WILLIAM E  
1500 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
STIVER, CARLA A  
1500 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000648870  
03/07/07-80026-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:

*William E Stiver* William E Stiver 2/22/07 (941) 474-7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #