

# 2005 FOR PROFIT CORPORATION

DOCUMENT # P99000083720

1. Entity Name  
DOLPHIN REALTY OF THE TREASURE COAST, INC.



Principal Place of Business  
1504 NE JENSEN BCH BLVD  
JENSEN BEACH, FL 34957 US

Mailing Address  
1504 NE JENSEN BCH BLVD  
JENSEN BEACH, FL 34957 US

FILED

05 SEP 22 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09192005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0951202

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOBIASZ, DANIEL R JR  
1504 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TOBIASZ, DANIEL R JR  
113 SE CALMOSO DRIVE  
PORT SAINT LUCIE, FL 34983

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800059871468  
09/22/05--01036--011 \*\*750.00

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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 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:

Daniel R. Tobiasz Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/05

Date

Daytime Phone #