2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2016
Secretary of State
CC1987865625

DOCUMENT# 751374

Entity Name: DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSO
464 N PAULA DR
DUNEDIN, FL 34698

Current Mailing Address:

DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSO
464 N PAULA DR
DUNEDIN, FL 34698

FEI Number: 59-1977516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUDNY, MICHAEL J ESQ.
SILBERMAN LAWSILBERMAN LAW, P.A.
1105 W. SWANN AVENUE
TAMPA, FL 33606 US

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.

SIGNATURE: MICHAEL J BRUDNY ESQ 03/14/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BECKETT, SHARON
Address	DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSO 464 N PAULA DR
City-State-Zip:	DUNEDIN FL 34698

Title	MEMBER
Name	SOFIANOS, ANTHONY
Address	DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSO 464 N PAULA DR
City-State-Zip:	DUNEDIN FL 34698

Title	VP
Name	HENDRICKS, KEITH
Address	DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSO 464 N PAULA DR
City-State-Zip:	DUNEDIN FL 34698

Title	PRESIDENT
Name	TERRIO, KEN
Address	DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSO 464 N PAULA DR
City-State-Zip:	DUNEDIN FL 34698

Title	SECRETARY
Name	SCHNEIDER, MARGARET
Address	DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSO 464 N PAULA DR
City-State-Zip:	DUNEDIN FL 34698

Title	COMMUNITY ASSOCIATION MANAGER
Name	ABSON, JAYNE
Address	DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSO 464 N PAULA DR
City-State-Zip:	DUNEDIN FL 34698

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAYNE ABSON OFFICE MANAGER CAM 03/14/2016

Electronic Signature of Signing Officer/Director Detail — Date