

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44558

Entity Name: DOLPHIN CAY PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3001 EXECUTIVE DR
STE 260
CLEARWATER, FL 33762**Current Mailing Address:**3001 EXECUTIVE DR
STE 260
CLEARWATER, FL 33762 US**FEI Number:** 59-3108354**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZACUR, GRAHAM, & COSTIS
5200 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 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:** RICHARD ZACUR, ESQ.

04/19/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MAGELLA, RICHARD
Address	3001 EXECUTIVE DR STE 260
City-State-Zip:	CLEARWATER FL 33762

Title	VP
Name	GRIMM, CHUCK
Address	3001 EXECUTIVE DR STE 260
City-State-Zip:	CLEARWATER FL 33762

Title	TD
Name	WROBEL, DON
Address	3001 EXECUTIVE DR STE 260
City-State-Zip:	CLEARWATER FL 33762

Title	SECRETARY
Name	SAMPSON, CYNTHIA
Address	3001 EXECUTIVE DR STE 260
City-State-Zip:	CLEARWATER FL 33762

Title	D
Name	FRIMER, LAURA
Address	3001 EXECUTIVE DR STE 260
City-State-Zip:	CLEARWATER FL 33762

Title	D
Name	ALLEN, CLIFF
Address	3001 EXECUTIVE DR STE 260
City-State-Zip:	CLEARWATER FL 33762

Title	D
Name	SELL, CHARLIE
Address	3001 EXECUTIVE DR STE 260
City-State-Zip:	CLEARWATER FL 33762

Title	D
Name	KALL, JOHN
Address	3001 EXECUTIVE DR STE 260
City-State-Zip:	CLEARWATER FL 33762

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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: RICHARD MAGELLA

PRESIDENT

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WILLIAMS, VAN
Address	3001 EXECUTIVE DR STE 260
City-State-Zip:	CLEARWATER FL 33762