

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 747684

1. Entity Name
DOLPHIN POINT CONDOMINIUM ASSOCIATION, INC.



FILED

04 DEC -3 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
25 CAUSEWAY BLVD.
P O BOX 3025
CLEARWATER BCH., FL 33767 US

Mailing Address
P. O. BOX 3025
CLEARWATER BCH., FL 33767 US



2. Principal Place of Business
205 Dolphin Point
Suite, Apt. #, etc.
Suite #4

City & State
Clearwater Beach, Fl.
Zip
33767
Country
Pinellas

3. Mailing Address
205 Dolphin Point
Suite, Apt. #, etc.
Suite #4

City & State
Clearwater Beach, Fl.
Zip
33767
Country
Pinellas

11032004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1968746

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POLLOCK, CHARLES
25 CAUSEWAY BLVD.
STE. 32
CLEARWATER, FL 34630

7. Name and Address of New Registered Agent

Name
Linda Green
Street Address (P.O. Box Number is Not Acceptable)
205 Dolphin Point Suite
Suite #4
City
Clearwater Beach FL Zip Code
33767

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 Linda Green, President 11-15-04
Signature, typed or printed name of registered agent and title if appropriate. (NOTE: Registered Agent Signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME POLLOCK, CHARLES J
STREET ADDRESS 414 BELLE ISLE
CITY-ST-ZIP BELLEAIR BEACH, FL 33786

TITLE VPD ☐ Delete
NAME LENZ, JOHN
STREET ADDRESS 205 DOLPHIN POINT RD.
CITY-ST-ZIP CLEARWATER, FL 33730

TITLE STD ☐ Delete
NAME GRAMLEY, RICHARD
STREET ADDRESS 205 DOLPHIN POINT RD
CITY-ST-ZIP CLEARWATER, FL 33730

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☒ Addition
NAME Green, Linda (D)
STREET ADDRESS 205 Dolphin Point Suite #4
CITY-ST-ZIP Clearwater Beach, FL 33767 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME 205 Dolphin Point #8
STREET ADDRESS Clearwater Beach, FL 33767
CITY-ST-ZIP
TITLE Sec/treas ☒ Change ☐ Addition
NAME 205 Dolphin Point #1
STREET ADDRESS Clearwater Beach, FL 33767
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000043168240
12/03/04--01025--003 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Linda Green 11-15-04

269-967-0331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #