2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #752843 1. Entity Name **DOLPHIN REEF CONDOMINIUM ASSOCIATION, INC...

FILED Feb 04, 2004 8:00 am Secretary of State 02-04-2004 90039 016 ****61.25

Principal Place 2504 GULF BI INDIAN ROCKS		Mailing Address 2504 GULF BLVD INDIAN ROCKS BEAC	H, FL 337	85 US		0100
2. Principal Pla	ace of Business	3. Mailing Address				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01192004 Chg-NP CR26	E037 (10/03)
City & State		City & State		4. FEI Number 59-2134579	Applied For Not Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		N	7. Name and Address of New Registers	ed Agent
HELEN LUDLOW			Name	lame		
			Street Address	Address (P.O. Box Number is Not Acceptable)		
	and the second s					
s.				City	F	Zip Code
	named entity submits this statement ons of registered agent.	for the purpose of changing	its register	ed office or registe	ered agent, or both, in the State of Florida. Ta	am familiar with, and accept
SIGNATURE _						
!	Signature, typed or printed name of registered agr	ent and title if applicable. (N	IOTE: Registere	d Agent signature require	ed when reinstating) DAT	TE
	Filing Fee is \$61.25	9. Election (Campaign F	inancing	\$5.00 May Be Make ch	eck payable to
, ,	Due by May 1, 2004	Trust Fun	d Contribut	ion		partment of State
10.	OFFICERS AND		d Contribut	ion	ΨΟΙΟΘ INIQ) BO [11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	partment of State DIRECTORS IN 10
10.	OFFICERS AND		11.	; ;	Added to Fees Florida Del ADDITIONS/CHANGES TO OFFICERS AND	partment of State
10. TITLE NAME V	OFFICERS AND	DIRECTORS	11.	; ;	Added to Fees Florida Dej	partment of State DIRECTORS IN 10
10. TITLE NAME V	OFFICERS AND SD TREYTEL, NORBERT ,	DIRECTORS Delete	11. TITLI NAM STRE	E E E EET ADDRESS -ST-ZIP	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND REUTEL, XIORBERT	partment of State DIRECTORS IN 10
10. IITLE NAME VIII STREET ADDRESS CITY. ST-ZIP TITLE	SD TREYTEL, NORBERT, 2504 GULF BLVD 508 INDIAN ROCKS BEACH, FL 3	DIRECTORS Delete	11. TITLE NAM STRE CITY	E E E E E E T ADDRESS -ST-ZIP E V	Added to Fees Florida Del ADDITIONS/CHANGES TO OFFICERS AND	partment of State DIRECTORS IN 10
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10. TITLE NAME V STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD TREYTEL, NORBERT, 2504 GULF BLVD 508 INDIAN ROCKS BEACH, FL 3	DIRECTORS Delete 33785	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E T ADDRESS -ST-ZIP E V	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND REUTEL, XIORBERT	partment of State DIRECTORS IN 10 . Crange Addition
10. TITLE NAME V STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND SD TREYTEL, NORBERT 2504 GULF BLVD 508 INDIAN ROCKS BEACH, FL 3 D SPILKO, PAUL 2504 GULF BLVD # 104 INDIAN ROCKS BEACH, FL 3 TD	DIRECTORS Delete 33785	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E E E E E E E E E E	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND REUTEL, XIORBERT	partment of State DIRECTORS IN 10 . Crange Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR