

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90039 016 \*\*\*\*61.25

**DOCUMENT # 752843**

1. Entity Name  
**DOLPHIN REEF CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2504 GULF BLVD  
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address  
**2504 GULF BLVD  
INDIAN ROCKS BEACH, FL 33785 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2134579**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HELEN LUDLOW  
2504 GULF BLVD. #401  
INDIAN ROCKS BCH., FL 33785**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **TREYTEL, NORBERT**  
STREET ADDRESS **2504 GULF BLVD 508**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE ☐ Change ☐ Addition  
NAME **TREYTEL, NORBERT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SPILKO, PAUL**  
STREET ADDRESS **2504 GULF BLVD # 104**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **VD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **OTT, JOHN**  
STREET ADDRESS **2504 GULF BLVD**  
CITY-ST-ZIP **INDIAN ROCKS BCH., FL**

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

TITLE **PD** ☒ Delete  
NAME **KASLANDER, PAUL**  
STREET ADDRESS **2504 GULF BLVD., #307**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **ARISTO, GIORGIO**  
STREET ADDRESS **2504 GULF BLVD #406**  
CITY-ST-ZIP **INDIAN ROCKS BCH, FL 33785**

TITLE **VD** ☐ Delete  
NAME **HARRIS, ROBERT**  
STREET ADDRESS **2504 GULF BLVD**  
CITY-ST-ZIP **INDIAN ROCKS BCH, FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HELEN, LUDLOW**  
STREET ADDRESS **2504 GULF BLVD 507**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

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:**

*John L. OTT JR* / **John L. OTT JR** 1/20/04 727-595-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #