

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90093 004 ****61.25

DOCUMENT # N06411 1. Entity Name DOLPHIN'S COVE ESTATE, INC.					
Principal Place of Business 103 DOLPHIN COVE FREEPORT, FL 32439-3000 US			Mailing Address 103 DOLPHIN COVE FREEPORT, FL 32439 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HUDKINS, RAYMOND P 1126 E LARUA ST PENSACOLA, FL 32501				7. Name and Address of New Registered Agent 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 reappointing)					
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 NAME STREET ADDRESS CITY-STATE-ZIP	S SHIELDS, RICHARD D 163 DOLPHIN COVE FREEPORT, FL 32439		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD HUDKINS, RAYMOND P 1126 E LA RUA ST PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ROBBINS, SHARON 4342 SUNSET BEACH CR NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ROBBINS, CHANDLER 4342 SUNSET BEACH DR NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 232 White St Unit 5 Niceville, FL 32578	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD Richard Brown 3906 Oak Hill Rd Douglasville, GA 30135		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-13-04 850 883 0294 Date Daytime Phone #		