Name and Address of Current Registered Agent:				
DAVIS, LINDA (174 DOGWOOI DEFUNIAK SPF				
The above named	l entity submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE: LINDA G. DAVIS				01/21/2020
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DIRECTOR	Title	DIRECTOR	
Name	ROBBINS III, CHANDLER P.	Name	BROWN, LYN K	
Address	232 WHITE STREET, UNIT #5 (DC #5)	Address	3906 OAK HILL ROAD (DC #4)	
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	DOUGLASVILLE GA 30135	
Title	DIRECTOR	Title	DIRECTOR, SECRETARY, TREASURER	
Name	NAGG, PAULA	Name	NICHOLS, MAXINE	
Address	159 DOLPHIN COVE (DC #3)	Address	109 INDIAN LANDING ROAD (DC #2)	
City-State-Zip:	FREEPORT FL 32439	City-State-Zip:	PELHAM AL 35124	
Title	DIRECTOR	Title	ASSOCIATION MANAGER	
Name	SHIELDS, SOPHIE A.	Name	DAVIS, LINDA G.	
Address	163 DOLPHIN COVE (DC #1)	Address	174 DOGWOOD ROAD (DCEI-HOA)	
City-State-Zip:	FREEPORT FL 32439	City-State-Zip:	DEFUNIAK SPRINGS FL 3243	5
Title	DIRECTOR, PRESIDENT	, ,		
Name	NICHOLS, TODD			
Address	109 INDIAN LANDING ROAD (DC #2)			
City-State-Zip:	PELHAM AL 35124			

DEFUNIAK SPRINGS, FL 32435

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Mailing Address:

DOCUMENT# N06411

P. O. BOX 5065 DESTIN, FL 32540 US

FEI Number: 32-0326759

Name and Address of Current Registered Agent:

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: LINDA G. DAVIS

01/21/2020 ASSOCIATION MANAGER

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 21, 2020 Secretary of State 5716486666CC

Certificate of Status Desired: No

Entity Name: DOLPHIN'S COVE ESTATE, INC.

174 DOGWOOD RD

Current Principal Place of Business: