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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06411

1. Corporation 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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/30/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution ☐	
24		29		30	

9. Name and Address of Current Registered Agent

HUDKINS, RAYMOND P
159 DOLPHIN COVE
FREEPORT FL 32439

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SHIWELDS, RICHARD D	1.2 NAME	Shields, Richard D
STREET ADDRESS	163 DOLPHIN COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	YSD
NAME	KENDALL, GERRY	2.2 NAME	Mary Collins
STREET ADDRESS	155 DOLPHIN COVE	2.3 STREET ADDRESS	159 Dolphin Cove
CITY-ST-ZIP	FREEPORT FL 32439	2.4 CITY-ST-ZIP	Freeport, FL 32439
TITLE	STD	3.1 TITLE	TD
NAME	HUDKINS, RAYMOND P	3.2 NAME	
STREET ADDRESS	159 DOLPHIN COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

10 Jan 99

CR2E037 (11/98)