

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44025 (7)  
1. Corporation Name  
DOLPHIN COVE WATER SYSTEM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
124 DOLPHIN COVE ESTATES 124 DOLPHIN COVE ESTATES  
FREEPORT FL 32439 FREEPORT FL 32439

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified  
06/24/1991  
4. FEI Number 59-3079363  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
OVERTON, ALLAN E.  
124 DOLPHIN COVE ESTATES  
FREEPORT FL 32439

10. Name and Address of New Registered Agent  
81 Name DENNIS W. DARNELL  
82 Street Address (P.O. Box Number is Not Acceptable) 124 DOLPHIN COVE ESTATES  
83 FREEPORT, FL 32439  
84 City FREEPORT FL 85 Zip Code 32439

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 *Dennis W. Darnell* 1-12-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE DP ☒ DELETE  
NAME OVERTON, ALLAN E.  
STREET ADDRESS 124 DOLPHIN COVE ESTATES  
CITY-ST-ZIP FREEPORT FL  
TITLE DST ☒ DELETE  
NAME OVERTON, KATHY  
STREET ADDRESS 124 DOLPHIN COVE ESTATES  
CITY-ST-ZIP FREEPORT FL  
TITLE DV ☒ DELETE  
NAME OVERTON, ROBERT E.  
STREET ADDRESS RT 1 BOX 130N  
CITY-ST-ZIP FREEPORT FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE DP DENNIS W DARNELL ☒ Change ☐ Addition  
1.2 NAME 124 DOLPHIN COVE ESTATES  
1.3 STREET ADDRESS FREEPORT, FL 32439  
1.4 CITY-ST-ZIP  
2.1 TITLE DST ☒ Change ☐ Addition  
2.2 NAME CAROL DARNELL  
2.3 STREET ADDRESS 124 DOLPHIN COVE ESTATES  
2.4 CITY-ST-ZIP FREEPORT, FL 32439 ☒ Change ☐ Addition  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: DENNIS W DARNELL *Dennis W Darnell* 1-12-98 850-835-1998

CR2E037 (10/97)