04131999-90043-036-$61.25-$61.25

**FILED**
**Apr 13, 1999 8:00 am**
**Secretary of State**
04-13-1999 90043 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

# DOCUMENT # N44025

1. Corporation Name
**DOLPHIN COVE WATER SYSTEM ASSOCIATION, INC.**

372453 - 90036 - 28

| Principal Place of Business | Mailing Address |
|---|---|
| ~~124 DOLPHIN COVE ESTATES~~<br>FREEPORT FL 32439<br>CORRECT ADDRESS<br>33DOLPHIN COVE ESTATES<br>FREEPORT, FL 32439 | ~~124 DOLPHIN COVE ESTATES~~<br>FREEPORT FL 32439<br>33DOLPHIN COVE ESTATES<br>FREEPORT, FL 32439 |

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/24/1991

4. FEI Number
~~59-3079363~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DARNELL, DENNIS W
124 DOLPHIN COVE ESTATES
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 **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>DARNELL, DENNIS W<br>~~124 DOLPHIN COVE ESTATES~~ 33 DOLPHIN PL<br>FREEPORT FL 32439 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | T<br>TERI E. DARNELL<br>1290 BROOKFOREST DR.<br>ATLANTA, GA 30324<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | OST<br>DARNELL, CAROL<br>~~124 DOLPHIN COVE ESTATES~~ 33 DOLPHIN PL<br>FREEPORT FL 32439 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>DENNIS W DARNELL<br>33DOLPHIN PL<br>FREEPORT, FL 32439<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec<br>DANIEL DARNELL<br>5732 DURANT RD<br>DOVER, FL 33527 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>CAROL DARNELL<br>33DOLPHIN PL<br>FREEPORT, FL 32439<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (11/98)

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:** Dennis W Darnell **SIGNATURE REQUIRED** 1-21-99 850-835-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #