

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N44025

FILED  
Oct 20, 2005  
Secretary of State

**Entity Name:** DOLPHIN COVE WATER SYSTEM ASSOCIATION, INC.

**Current Principal Place of Business:**

33 DOLPHIN PLACE  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

33 DOLPHIN PLACE  
FREEPORT, FL 32439

**New Mailing Address:**

**FEI Number:** 59-3079363      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GIBSON, GREGORY D  
33 DOLPHIN PLACE  
FREEPORT, FL 32439      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: GREGORY GIBSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: GIBSON, JOHN  
Address: 9791 S.W. 132 TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: D      ( ) Delete  
Name: GIBSON, GREGORY  
Address: 33 DOLPHIN PLACE  
City-St-Zip: FREEPORT, FL 32439

Title: D      ( ) Delete  
Name: GIBSON, KATHLEEN  
Address: 9791 SW 132 TERRACE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN GIBSON

T

10/20/2005

Electronic Signature of Signing Officer or Director

Date