

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06411

Entity Name: DOLPHIN'S COVE ESTATE, INC.**Current Principal Place of Business:**174 DOGWOOD RD
DEFUNIAK SPRINGS, FL 32435**Current Mailing Address:**P. O. BOX 5065
DESTIN, FL 32540 US**FEI Number:** 32-0326759**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, LINDA G.
174 DOGWOOD RD
DEFUNIAK SPRINGS, FL 32435 US*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:** LINDA G. DAVIS

02/23/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BROWN, LYN K
Address 3906 OAK HILL ROAD
(DC #4)
City-State-Zip: DOUGLASVILLE GA 30135

Title DIRECTOR
Name NAGG, PAULA
Address 159 DOLPHIN COVE
(DC #3)
City-State-Zip: FREEPORT FL 32439

Title DIRECTOR, SECRETARY,
TREASURER
Name NICHOLS, MAXINE
Address 109 INDIAN LANDING ROAD
(DC #2)
City-State-Zip: PELHAM AL 35124

Title DIRECTOR
Name SHIELDS, SOPHIE A.
Address 163 DOLPHIN COVE
(DC #1)
City-State-Zip: FREEPORT FL 32439

Title ASSOCIATION MANAGER
Name DAVIS, LINDA G.
Address 174 DOGWOOD ROAD
(DCEI-HOA)
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title DIRECTOR, PRESIDENT
Name NICHOLS, TODD
Address 109 INDIAN LANDING ROAD
(DC #2)
City-State-Zip: PELHAM AL 35124

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: TODD NICHOLS

PRESIDENT

02/23/2022

Electronic Signature of Signing Officer/Director Detail

Date