

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735389

FILED
Mar 19, 2009
Secretary of State

Entity Name: SPINNAKER COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4334 HARBOR HOUSE DRIVE
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

4334 HARBOR HOUSE DRIVE
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-2296521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETTERS, DARRYL L
4301 HARBOR HOUSE DRIVE
TAMPA, FL 33615 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PETTERS, DARRYL L
Address: 4301 HARBOR HOUSE DRIVE
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: PEKAREK, DAN
Address: 4210 HARBOR HOUSE DR
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: DRAWDY, CELIA
Address: 4301 HARBOR HOUSE DR
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: ALBERT, EDWARD
Address: 8711 COVE CRT
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: WILSON, TOM P
Address: 4331 HARBOR HOUSE DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: GRAVELINE, PHILLIP
Address: 4305 HARBOR HOUSE DR.
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DRAWDY, CELIA
Address: 4301 HARBOR HOUSE DR
City-St-Zip: TAMPA, FL 33615

Title: D (X) Change () Addition
Name: ERTSAD, RON
Address: 4309 HARBOR HOUSE DRIVE
City-St-Zip: TAMPA, FL 33615

Title: T (X) Change () Addition
Name: WILSON, TOM P
Address: 4331 HARBOR HOUSE DRIVE
City-St-Zip: TAMPA, FL 33615

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DARRYL L. PETTERS

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date