

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H10145

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** JENSEN'S TWIN PALM RESORT MARINA, INC.

**Current Principal Place of Business:**

15107 CAPTIVA DRIVE  
CAPTIVA IS., FL 33924

**New Principal Place of Business:**

15107 CAPTIVA DRIVE  
CAPTIVA, FL 33924

**Current Mailing Address:**

15107 CAPTIVA DRIVE  
CAPTIVA IS., FL 33924

**New Mailing Address:**

P.O. BOX 191  
CAPTIVA, FL 33924

**FEI Number:** 59-2424013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JENSEN, DAVID  
15107 CAPTIVA DR  
CAPTIVA ISLAND, FL 33924 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: PD  
Name: JENSEN, JOHN  
Address: PO BOX 191  
City-St-Zip: CAPTIVA, FL 33924

Title: V  
Name: JENSEN, DAVID  
Address: 15107 CAPTIVA DRIVE  
City-St-Zip: CAPTIVA, FL 33924

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID M. JENSEN

V

04/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date