

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90264 036 \*\*\*\*61.25

**DOCUMENT # N10743**

1. Entity Name  
PHASE I OF SPINNAKER COVE, SECTION D-1,  
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
4017 STARFISH LANE  
TAMPA, FL 33615

Mailing Address  
4017 STARFISH LANE  
TAMPA, FL 33615

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2688188

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SANDERS, L DARLENE  
4017 STARFISH LANE  
TAMPA, FL 33615

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, L. DARLENE 4017 STARFISH LANE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARCA, TOM 4029 STARFISH LANE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <del>READ, RONALD</del> READ, LORRAINE 4027 STARFISH LANE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>HAYWARD, BILL</del> HAYWARD, WILLIAM A. JR 4021 STARFISH LANE 4015 STARFISH LANE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. Darlene Sanders  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/06  
Date

813-889-7838  
Daytime Phone #

L. DARLENE SANDERS