



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

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| 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 | |  | |
| | | 03072007 No Chg-NP CR2E037 (4/06) | |
| | | 4. FEI Number 59-2688188 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | <div>U00000730615 05/08/07-80086-020 61.25</div> DO NOT WRITE IN THIS SPACE | |
| 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 READ, LORRAINE 4027 STARFISH LANE TAMPA, FL 33615 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HAYWARD, WILLIAM A 4015 STARFISH LN TAMPA, FL 33615 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 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: <u>L. Darlene Sanders</u> L. DARLENE SANDERS | | Date 4/21/07 | Daytime Phone 813-228-7776 K.104 |