

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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			
		04032008 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)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		0000000333044 04/17/08-80024-004 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, L. DARLENE 4017 STARFISH LANE TAMPA, FL 33615	DO NOT WRITE IN THIS SPACE	
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/4/08 813-889-7838 <small>Date Daytime Phone #</small>	

L. DARLENE SANDERS