

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10743

FILED  
Jan 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4017 STARFISH LANE  
TAMPA, FL 33615

**New Principal Place of Business:**

4015 STARFISH LANE  
TAMPA, FL 33615

**Current Mailing Address:**

4017 STARFISH LANE  
TAMPA, FL 33615

**New Mailing Address:**

4015 STARFISH LANE  
TAMPA, FL 33615

**FEI Number:** 59-2688188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDERS, L DARLENE  
4017 STARFISH LANE  
TAMPA, FL 33615 US

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

HAYWARD, SHEILA A  
4015 STARFISH LANE  
TAMPA, FL 33615 US

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: SHEILA A HAYWARD

01/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SANDERS, L. DARLENE  
Address: 4017 STARFISH LANE  
City-St-Zip: TAMPA, FL 33615

Title: TD ( ) Delete  
Name: BARCA, TOM  
Address: 4029 STARFISH LANE  
City-St-Zip: TAMPA, FL 33615

Title: VPD ( ) Delete  
Name: READ, LORRAINE  
Address: 4027 STARFISH LANE  
City-St-Zip: TAMPA, FL 33615

Title: PD ( ) Delete  
Name: HAYWARD, WILLIAM A  
Address: 4015 STARFISH LN  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: HAYWARD, SHEILA A  
Address: 4015 STARFISH LANE  
City-St-Zip: TAMPA, FL 33615

Title: PD (X) Change ( ) Addition  
Name: BARCA, TOM  
Address: 4029 STARFISH LANE  
City-St-Zip: TAMPA, FL 33615

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

Title: SD (X) Change ( ) Addition  
Name: HAYWARD, WILLIAM A SR  
Address: 4021 STARFISH LN  
City-St-Zip: TAMPA, FL 33615

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: SHEILA A HAYWARD

TD

01/25/2009

Electronic Signature of Signing Officer or Director

Date