

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10743

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4015 STARFISH LANE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

4015 STARFISH LANE  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 59-2688188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYWARD, SHEILA A  
4015 STARFISH LANE  
TAMPA, FL 33615 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: TD  
Name: HAYWARD, SHEILA A  
Address: 4015 STARFISH LANE  
City-St-Zip: TAMPA, FL 33615

Title: PD  
Name: BARCA, TOM  
Address: 4029 STARFISH LANE  
City-St-Zip: TAMPA, FL 33615

Title: VPD  
Name: READ, RONALD C  
Address: 4027 STARFISH LANE  
City-St-Zip: TAMPA, FL 33615

Title: SD  
Name: HAYWARD, WILLIAM A JR  
Address: 4015 STARFISH LN  
City-St-Zip: TAMPA, FL 33615

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

SIGNATURE: SHEILA A HAYWARD

TD

01/07/2012

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

\_\_\_\_\_  
Date