

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90124 027 \*\*\*\*61.25

**DOCUMENT # N16402**

1. Corporation Name

PHASE I OF SPINNAKER COVE, SECTION D-2, CONDOMIN  
IUM ASSOCIATION, INC.

Z0930U - 90050 - 33

Principal Place of Business

4103 STARFISH LANE  
TAMPA FL 33615  
US

Mailing Address

4103 STARFISH LANE  
TAMPA FL 33615  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/18/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3401823	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

FORDHAM, DAVID  
4103 STARFISH LANE  
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO	1.1 TITLE	
NAME	FORDHAM, DAVID	1.2 NAME	
STREET ADDRESS	4103 STARFISH LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	President
NAME	BAIRD, PAT	2.2 NAME	Randy Phillips
STREET ADDRESS	4113 STARFISH LANE	2.3 STREET ADDRESS	4109 Starfish Lane
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE	P	3.1 TITLE	Secretary
NAME	BAIRD, JOHN	3.2 NAME	Pat Baird
STREET ADDRESS	4113 STARFISH LN	3.3 STREET ADDRESS	4113 Starfish Lane
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE	SD	4.1 TITLE	Vice President
NAME	PHILLIPS, RANDY	4.2 NAME	IBAY CASARES
STREET ADDRESS	4109 STARFISH LANE	4.3 STREET ADDRESS	4107 Starfish Lane
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. David Fordham

Treasurer

3/14/99

Daytime Phone #

CR2E037 (1/98)