

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16402

FILED
Aug 14, 2007
Secretary of State

Entity Name: PHASE I OF SPINNAKER COVE, SECTION D-2, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4113 STARFISH LN
TAMPA, FL 33615 US

New Principal Place of Business:

4103 STARFISH LN
TAMPA, FL 33615 US

Current Mailing Address:

4113 STARFISH LN
TAMPA, FL 33615 US

New Mailing Address:

4103 STARFISH LN
TAMPA, FL 33615 US

FEI Number: 59-3401823 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAIRD, JOHN
4113 STARFISH LN
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: PD () Delete
Name: BAIRD, JOHN
Address: 4113 STARFISH LN
City-St-Zip: TAMPA, FL 33615

Title: VPD () Delete
Name: ALVAREZ, JOSE
Address: 4101 STARFISH LN
City-St-Zip: TAMPA, FL 33615

Title: TD () Delete
Name: JOHN, LEGET
Address: 4103 STARFISH LN
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: BAIRD, PATRICIA
Address: 4113 STARFISH LN
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: CHARLES, PERKINS
Address: 4111 STARFISH LANE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOHN BAIRD

PD

08/14/2007

Electronic Signature of Signing Officer or Director

Date