

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90138 031 *****61.25

DOCUMENT # N16402

1. Entity Name

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



Principal Place of Business

**4107 STARFISH LANE
TAMPA FL 33615
US**

Mailing Address

**4107 STARFISH LANE
TAMPA FL 33615
US**

2. Principal Place of Business

4113 Starfish Lane

3. Mailing Address

4113 Starfish Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

USA

Zip

33615

Country

USA

4. FEI Number **59-3401823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASARES, POLLY
4107 STARFISH LANE
TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name

John Baird

Street Address (P.O. Box Number is Not Acceptable)

4113 Starfish Lane

City

Tampa

FL

Zip Code

33615

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

John Baird, President

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BAIRD, JOHN	
STREET ADDRESS	4113 STARFISH LANE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	CASARES, POLLY	
STREET ADDRESS	4107 STARFISH LANE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAIRD, PAT	
STREET ADDRESS	4113 STARFISH LANE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CASACES, POLLY	
STREET ADDRESS	4107 STARFISH LANE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CASARES, RICK	
STREET ADDRESS	4107 STARFISH LANE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAIRD, PAT	
STREET ADDRESS	4113 STARFISH LANE	
CITY-ST-ZIP	TAMPA FL 33615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Alvarez	
STREET ADDRESS	4101 Starfish Lane	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elmore Jones	
STREET ADDRESS	4109 Starfish Lane	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Baird	
STREET ADDRESS	4113 Starfish Lane	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

4/28/03 813-896-1616

CR2E037 (10/02)