2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # N9900001999 1. Entity Name TWIN DOLPHINS I CONDOMINIUM ASSOCIATION, INC. 05-09-2000 90106 025 ****70.00 Mailing Address Principal Place of Business % WOODWARD, PIRES & LOMBARDO, P.A. % WOODWARD, PIRES & LOMBARDO, P.A. 801 LAUREL OAK DR., STE, 710 801 LAUREL OAK DR., STE, 710 $\mathbf{u} \cdot \mathbf{u} \cdot \mathbf{w} \cdot \mathbf{v} \cdot \mathbf{v}$ NAPLES FL 34108-2707 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3570291 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) woodward, mark j % WOODWARD, PIRES & LOMBARDO, P.A. 801 LAUREL OAK DR., STE. 710 Zip Code City NAPLES FL 34108 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition ☐ Delete TITLE BENNETT, S. CHARLES III NAME NAME STREET ADDRESS 801 LAUREL OAK DR., STE. 600 STREET ADDRESS 800 Laurel Oak Drive, Ste. 600 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Change ☐ Addition DST ☐ Delete TITLE TITLE MARWICK, KENNETH NAME NAME STREET ADDRESS 800 Laurel Oak Drive, Ste. 600 STREET ADDRESS 801 LAUREL OAK DR., STE. 600 CITY_ST-ZIP CITY-ST-ZIP NAPLES FL-34108 ----Delete Change ■ Addition TITLE TITLE STACKPOOLE, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 801 LAUREL OAK DR., STE, 600 800 Laurel Oak Drive, Ste. 600 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIT! F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

941-514-5005