

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90342 013 ****70.00

DOCUMENT # N99000001999

1. Entity Name

TWIN DOLPHINS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% WOODWARD, PIRES & LOMBARDO, P.A.
801 LAUREL OAK DR., STE. 710
NAPLES FL 34108

Mailing Address

% WOODWARD, PIRES & LOMBARDO, P.A.
801 LAUREL OAK DR., STE. 710
NAPLES FL 34108

2. Principal Place of Business

3200 Tamiami Trail N.

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3570291

Applied For

Not Applicable

Zip

34103

Country

Collier

Zip

34103

Country

Collier

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J
% WOODWARD, PIRES & LOMBARDO, P.A.
801 LAUREL OAK DR., STE. 710
NAPLES FL 34108

Name

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

3200 Tamiami Trail N., Suite 200

City

Naples

FL

Zip Code

34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME BENNETT, S. CHARLES III
STREET ADDRESS 800 LAUREL OAK DRIVE, STE. 600
CITY-ST-ZIP NAPLES FL 34108TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DST ☐ Delete
NAME MARWICK, KENNETH
STREET ADDRESS 800 LAUREL OAK DRIVE, STE. 600
CITY-ST-ZIP NAPLES FL 34108TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DV ☒ Delete
NAME STACKPOOLE, WILLIAM
STREET ADDRESS 800 LAUREL OAK DRIVE, STE. 600
CITY-ST-ZIP NAPLES FL 34108TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D.V. ☐ Delete
NAME PAMELA STEADMAN
STREET ADDRESS 800 LAUREL OAK DR. Ste 600
CITY-ST-ZIP NAPLES, FL. 34108TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/01 941.54.5005

CR2E037 (10/00)