



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90213 024 \*\*\*\*70.00

<b>DOCUMENT # N99000001999</b> 1. Entity Name <b>TWIN DOLPHINS I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 3200 TAMiami TRAIL N SUITE 200 NAPLES, FL 34103			Mailing Address 3200 TAMiami TRAIL N SUITE 200 NAPLES, FL 34103		
2. Principal Place of Business <b>800 LAUREL OAK DR.</b> Suite, Apt. #, etc. <b>SUITE 600</b>		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">20042777</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>01052005</span> <span>Chg-NP</span> <span>CR2E037 (10/03)</span> </div>	
City & State <b>NAPLES, FL</b>		City & State			
Zip <b>34108</b>	Country <b>USA</b>	Zip	Country		
4. FEI Number <b>59-3570291</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>WOODWARD, MARK J</b> <b>% WOODWARD, PIRES &amp; LOMBARDO, P.A.</b> <b>3200 TAMiami TRAIL N. SUITE</b> <b>NAPLES, FL 34103</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENNETT, S. CHARLES III 800 LAUREL OAK DRIVE, STE. 600 NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARBER LEWIS 700 LA BOWINSULA BLVD., #305 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARWICK, KENNETH 800 LAUREL OAK DRIVE, STE. 600 NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARWICK, KENNETH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT WILSON, RON 508 PENLLYN PIKE PENLLYN, PA 19422	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ <i>Rec.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					