2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001999

NAPLES, FL 34103

FILED Apr 23, 2007 Secretary of State

Entity Name: TWIN DOLPHINS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

800 LAUREL OAK DR C/O R & P PROPERTY MANAGEMENT

265 AIRPORT RD S **STE 600**

NAPLES, FL 34108 NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

C/O R & P PROPERTY MANAGEMENT 3200 TAMIAMI TRAIL N SUITE 200

265 AIRPORT RD S NAPLES, FL 34104

FEI Number: 59-3570291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODWARD, MARK J R & P PROPERTY MANAGEMENT % WOODWARD, PIRES & LOMBARDO, P.A. 265 AIRPORT RD S

3200 TAMIAMI TRAIL N. SUITE NAPLES, FL 34104 US NAPLES, FL 34103 US

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: GLENN CARROLL 04/23/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD (X) Change () Addition () Delete

BENNETT, S. CHARLES III BENNETT, ROBERT Name: Name: 800 LAUREL OAK DRIVE, STE. 600 Address: P O BOX 1820 Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: MARCO ISLAND, FL 34146

Title: DST () Delete Title: (X) Change () Addition MARWICK, KENNETH Name: DONADIO, JOSEPH Name:

Address: 800 LAUREL OAK DRIVE, STE, 600 Address: 140 BLUE HILL RD City-St-Zip: NAPLES, FL 34108 City-St-Zip: DURHAM, CT 06422

Title: DVP () Delete Title: (X) Change () Addition MCCRANEY, JAMES BARBER, LEWIS Name: Name:

700 LA PENINSULA BLVD #305 700 LA PENINSULA BLVD #404 Address: Address:

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

Title: () Delete Title: () Change (X) Addition

Name: Name: LACHENMAYER, RICHARD Address: Address: 1253 CULLIGAN LANE City-St-Zip: City-St-Zip: ST PAUL, MN 55118

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: GLENN CARROLL **PRES** 04/23/2007