

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001999

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: TWIN DOLPHINS I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 59-3570291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENNETT, ROBERT  
Address: P O BOX 1820  
City-St-Zip: MARCO ISLAND, FL 34146

Title: VPD ( ) Delete  
Name: DONADIO, JOSEPH  
Address: 140 BLUE HILL RD  
City-St-Zip: DURHAM, CT 06422

Title: D ( ) Delete  
Name: PORTINGA, DEAN  
Address: 700 LA PENINSULA BLVD #202  
City-St-Zip: NAPLES, FL 34113

Title: TD ( ) Delete  
Name: LACHENMAYER, RICHARD  
Address: 1253 CULLIGAN LANE  
City-St-Zip: ST PAUL, MN 55118

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: DECARO, JOHN  
Address: 700 LA PENINSULA BLVD #302  
City-St-Zip: NAPLES, FL 34113

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: ROBERT BENNETT

PD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date