

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H10145

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC9497371163**

**Entity Name:** JENSEN'S TWIN PALM RESORT MARINA, INC.

**Current Principal Place of Business:**

15107 CAPTIVA DRIVE  
CAPTIVA, FL 33924

**Current Mailing Address:**

P.O. BOX 191  
CAPTIVA, FL 33924

**FEI Number: 59-2424013**

**Certificate of Status Desired: No**

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

JENSEN, DAVID  
15107 CAPTIVA DR  
CAPTIVA ISLAND, FL 33924 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name JENSEN, JOHN  
Address PO BOX 191  
City-State-Zip: CAPTIVA FL 33924

Title V  
Name JENSEN, DAVID  
Address 15107 CAPTIVA DRIVE  
City-State-Zip: CAPTIVA FL 33924

Title VP  
Name JENSEN, JAMES WILLIAM  
Address P.O. BOX 191  
City-State-Zip: CAPTIVA FL 33924

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID JENSEN**

**VP**

**04/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date