


FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765842 (0)
1. Corporation Name
SHIPWATCH YACHT & TENNIS CLUB ASSOCIATION, INC.



Principal Place of Business 11800 SHIPWATCH DRIVE LARGO FL 34644 US	Mailing Address 11800 SHIPWATCH DRIVE LARGO FL 34644 US
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3. Date Incorporated or Qualified 11/22/1982		
4. FEI Number 59-2366854	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DI TINOR, DENNIS F
LIBERTE MANAGEMENT GROUP
10845 1ST ST E
TREASURE ISLAND FL 33708

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P.D.	NAME SCOBLE, JOHN G	<input type="checkbox"/> DELETE
STREET ADDRESS 11730 SHIPWATCH DR #404	CITY-ST-ZIP LARGO FL	
TITLE VD	NAME ACKLEY, JACK C	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 11730 SHIPWATCH DR #603	CITY-ST-ZIP LARGO FL	
TITLE SD	NAME HARVEY BAILIN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 11590 SHIPWATCH DR. 642	CITY-ST-ZIP LARGO FL	
TITLE TD	NAME DOERNER, RUTH ANN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 11900 SHIPWATCH DRIVE	CITY-ST-ZIP LARGO FL 34644	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME ROGER HANSEN	
2.3 STREET ADDRESS 14880 Shipwatch Trace #1914	
2.4 CITY-ST-ZIP LARGO, FL 33774	
3.1 TITLE S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME CONNIE QUATRANO	
3.3 STREET ADDRESS 11525 Shipwatch Dr. # 1040	
3.4 CITY-ST-ZIP Largo, FL 33774	
4.1 TITLE T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Hoyt Nichols	
4.3 STREET ADDRESS 14880 Shipwatch Trace # 1913	
4.4 CITY-ST-ZIP Largo, FL 33774	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **1/19/98 (813) 595-9300**

CR2E037 (10/97)