DOCUMENT # 765842

1. Entity Name

SHIPWATCH YACHT & TENNIS CLUB ASSOCIATION, INC.

FILED Apr 24, 2001 8:00 am Secretary of State
04-24-2001 90066 031 ****61.25

	Mailing Address		I			
11900 SHIPWATCH DRIVE LARGO FL 33774 US	11900 SHIPWATCH DRIVE LARGO FL 33774 US		1 188	II A uriu Misur Deluk Abali Balik	955120	4 11 818 11 1382
2. Principal Place of Business	3. Mailing Address					
Sumo		ema	1 188	ISO ROBER DELDE DIODE IRRE REDIR	1101 01011 01011 01011 01011 6	1 11
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City & State	ty & State City & State		4. FEI Num	59-2366854	OK.	oplied For ot Applicable
Zip Country	Zip	Country	5. Certifica	ate of Status Desired	\$8.75 Add	litional
6. Name and Address of Current F	tegistered Agent	<u> </u>	7. Name a	nd Address of New Re	<u>'</u>	<u> </u>
INFINITI PROPERTY MANAGEMENT 1301 SEMINOLE BOULEVARD SUITE #1,10 LARGO FL 33770		Street A	ddress (P.O. Box Nun 7.5 EAST LEARWATER	2	, 37E 20	3764
8. The above named entity submits this statement for SIGNATURE HALL HALL STATEMENT OF THE S		E: Registered Agent signatu	ure required when reinstating) \$5.00 May Be Added to Fees	Make	DATE Check Payable to partment of State)
10. OFFICERS AND DIR	L ECTORS	11.	ADDITIONS/0	<u> </u>	S AND DIRECTORS IN	J 10
TITLE PD	Delete Delete	TITLE	PD		☐ Change	Addition
NAME HANSEN, ROGER	20000	NAME	DIANE	LESTUK	change	Z Addition S
STREET ADDRESS 14880 SHIPWATCH TRACE #191 LARGO FL	14	STREET ADDRESS CITY-ST-ZIP	11535	SHIPWATCH	DR#102	7 15/25/
TITLE VPD	Delete	TITLE	VPD	, 4- 33 (7	☐ Change	Addition
NAME SCOBLE, JOHN G STREET ADDRESS CITY-ST-ZIP LARGO FL 33774	. ,	NAME STREET ADDRESS CITY-ST-ZIP	VAC	ANT		*******
ITILE SD MONELLE, MARY STREET ADDRESS CITY-ST-ZIP LARGO FL 33774	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11300	EUTHRIE HARBOR (74 3377		Addition
TITLE NAME NICHOLS, HOYT STREET ADDRESS CITY-ST-ZIP LARGO FL 33774	□ Coelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11680		☐ Change PR. # 143	Addition 57
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby certify that the information supplied with	Delete	TIYLE NAME STREET ADDRESS CITY-ST-ZIP		(0() 5))	Change	Addition

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.

SIGNATURE:

PRES. HOA