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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005556

1. Corporation Name

SHIPWATCH NINE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~14880 SHIPWATCH TRACE #1917~~
 LARGO FL 33774
 US

11900 SHIPWATCH DR
~~10645 1ST ST E~~
 TREASURE ISLAND FL 33706
 US **33774**



2. Principal Place of Business

2a. Mailing Address

21 **11900 SHIPWATCH DR**
 Suite, Apt. #, etc.

26 **11900 SHIPWATCH DR**
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/09/1993

22 City & State

23 **LARGO, FL**

27 City & State

28 **LARGO, FL**

4. FEI Number

59-3225343

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

24 **33774 USA**

29 Zip Country

29 **33774 USA**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LIBERTE MANAGEMENT OF PINELLAS
10645 1ST STREET E.
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name **INFINITI PROPERTY MANAGEMENT**
 82 Street Address (P.O. Box Number is Not Acceptable) **1301 SEMINOLE BOULEVARD SUITE 110**
 83
 84 City **LARGO** FL 85 Zip Code **33770**

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 **Chad Proby**

(NOTE: Registered Agent signature required when reinstating)

DATE **2-16-99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, ROGER	
STREET ADDRESS	14880 SHIPWATCH TRACE #1914	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, ROGER	
STREET ADDRESS	14880 SHIP WATCH TRACE #1914	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WISTHOFF, MARY LEE	
STREET ADDRESS	14880 SHIPWATCH TRACE #1914	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VP PD	<input type="checkbox"/> DELETE
NAME	SANDERS, ROBERT	
STREET ADDRESS	14880 SHIPWATCH TRACE #1917	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NICHOLS, HOYT	
STREET ADDRESS	14880 SHIPWATCH TRACE #1913	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOWNING, JAMES	
STREET ADDRESS	14770 SHIPWATCH TRACE #1932	
CITY-ST-ZIP	LARGO FL 33774	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANDERS, ROBERT	
1.3 STREET ADDRESS	14880 SHIPWATCH TRACE #1917	
1.4 CITY-ST-ZIP	LARGO, FL 33774	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK MILL	
2.3 STREET ADDRESS	14740 SHIPWATCH TRACE UNIT # 1943	
2.4 CITY-ST-ZIP	LARGO, FL 33774	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARVIN JACOBS	
3.3 STREET ADDRESS	14740 SHIPWATCH TRACE UNIT # 1942	
3.4 CITY-ST-ZIP	LARGO, FL 33774	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NICHOLS, HOYT	
5.3 STREET ADDRESS	14880 SHIPWATCH TRACE # 1913	
5.4 CITY-ST-ZIP	LARGO, FL 33774	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JAMES D. DOWNING	
6.3 STREET ADDRESS	14770 SHIPWATCH TRACE # 1932	
6.4 CITY-ST-ZIP	LARGO, FL 33774	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **SIG. REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/12/99** Daytime Phone # **596-5224**

CR2E037 (1/198)