

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90027 048 ****61.25

DOCUMENT # N93000005556

1. Entity Name

SHIPWATCH NINE CONDOMINIUM ASSOCIATION, INC.

C0062753



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11900 SHIPWATCH DRIVE LARGO FL 33774 US	Mailing Address 11900 SHIPWATCH DRIVE LARGO FL 33774 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. Same	Suite, Apt. #, etc. Same
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3225343	<input checked="" type="checkbox"/> OK	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**INFINITY PROPERTY MANAGEMENT
1301 SEMINOLE BLVD., SUITE 110
LARGO FL 33701**

7. Name and Address of New Registered Agent

Name
COMMUNITY MANAGEMENT CONCEPTS, INC.
 Street Address (P.O. Box Number is Not Acceptable)
4175 EAST BAY DR., STE 205
 City
CLEARWATER FL Zip Code
33764

8. 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 *Hal Hilderbrandt* **HAL HILDBRANDT** **COO** **4-24-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, ROBERT 14880 SHIPWATCH TRACE 31917 LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILL, JACK 14740 SHIPWATCH TRACE, UNIT 1943 LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, MARVIN 14740 SHIPWATCH TRACE, UNIT 1942 LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDERS, ROBERT 14880 SHIPWATCH TRACE #1917 LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLS, HOYT 14880 SHIPWATCH TREACE #1913 LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, JAMES 14770 SHIPWATCH TRACE #1932 LARGO FL 33774	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUE DOWNING 14770 SHIPWATCH TRACE #1932 LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAT MULNEID 14740 SHIPWATCH TRACE #1945 LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAINER ULLRICH 14701 SHIPWATCH TRACE #1953 LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA KEAST 14740 SHIPWATCH TRACE #1940 LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Sixteen Equipment Office Recs* **4-9-01** **727 596-2624**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)