


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90047 041 ****61.25

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1. Entity Name
SHIPWATCH NINE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

11900 SHIPWATCH DRIVE 11900 SHIPWATCH DRIVE
 LARGO FL 33774 LARGO FL 33774
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3225343 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT CONCEPTS, INC
4175 EAST BAY DR
SUITE 205
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOWNING, SUE	
STREET ADDRESS	14770 SHIPWATCH TRACE #1932	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, HOYT	
STREET ADDRESS	14880 SHIPWATCH TRACE #1913	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ULLRICH, RAINER	
STREET ADDRESS	14701 SHIPWATCH TRACE #1953	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, MARY	
STREET ADDRESS	14701 SHIPWATCH TRACE #1951	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED MELCHIORRI	
STREET ADDRESS	14701 SHIPWATCH TRACE	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Hansen	
STREET ADDRESS	14880 Shipwatch Trace	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sue Downing* *3-8-06 727 596-2624*