

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **764913** (0)

1. Corporation Name

**SHIPWATCH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

16787 PERDIDO KEY DR  
PENSACOLA FL 32507

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PENSACOLA FL 32507

3. Date Incorporated or Qualified  
**09/09/1982**

3a. Date of Last Report  
**04/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADY, THOMAS M  
601 S. PALAFOS STREET  
PENSACOLA FL 32501**

81 Name

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

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROOME, DAVID P	
STREET ADDRESS	P. O. BOX 1944	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRADY, GARY	
STREET ADDRESS	P. O. BOX 2606	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUM, JOHN N	
STREET ADDRESS	24325 CALVIN ST.	
CITY-ST-ZIP	PLAQUEMINE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGAN, J. P	
STREET ADDRESS	3000 SOUTHTRUST TOWER	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PLATT, RODERICK A	
STREET ADDRESS	7421 BRADFORD COURT	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLENS, LAWRENCE J	
STREET ADDRESS	2201 ISLAND DR.	
CITY-ST-ZIP	MONROE LA 71201	

1.1 TITLE	Robert T Clark V. Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	52 Croydon Rd	
1.3 STREET ADDRESS	Mobile, AL 36608	
1.4 CITY-ST-ZIP		
2.1 TITLE	Russell Stone Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1801 Opmon Rd	
2.3 STREET ADDRESS	Suite 200	
2.4 CITY-ST-ZIP	Birmingham, AL 35209-3500	
3.1 TITLE	James Haskins Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2132 Woodhulcrest Rd	
3.3 STREET ADDRESS	Mobile, AL 36609	
3.4 CITY-ST-ZIP		
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		<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Robert T. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (12/95)