

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765842 (0)

1. Corporation Name

SHIPWATCH YACHT & TENNIS CLUB ASSOCIATION, INC.



Principal Place of Business

Mailing Address

11900 SHIPWATCH DRIVE
LARGO FL 34644
US

11900 SHIPWATCH DRIVE
LARGO FL 34644
US

3. Date Incorporated or Qualified
11/22/1982

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2366854

Applied For
Not Applicable

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

EDERR, ROBERT S
11900 SHIPWATCH DRIVE
LARGO FL 34644

81 Name Liberte Mgmt. GROUP, DPL

82 Street Address (P.O. Box Number is Not Acceptable)
10045 FIRST ST. E.

83

84 City TREASURE ISLAND

FL

85 Zip Code 33706

11. Pursuant to the provisions of Sections 617.0602 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)

6/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EDERR, ROBERT S
STREET ADDRESS 11900 SHIPWATCH DRIVE
CITY-ST-ZIP LARGO FL

1.1 TITLE PD
1.2 NAME J.R. LA FETINA
1.3 STREET ADDRESS P.O. BOX 62
1.4 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 34635

TITLE VP
NAME POWERS, RAYMOND
STREET ADDRESS 11900 SHIPWATCH DRIVE
CITY-ST-ZIP LARGO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME FARR, NORMAN
STREET ADDRESS 11900 SHIPWATCH DRIVE
CITY-ST-ZIP LARGO FL

3.1 TITLE SD
3.2 NAME HARVEY BAILIN
3.3 STREET ADDRESS 11590 SHIPWATCH DR. # 642
3.4 CITY-ST-ZIP LARGO, FL 33774

TITLE TD
NAME DOERNER, RUTH ANN
STREET ADDRESS 11900 SHIPWATCH DRIVE
CITY-ST-ZIP LARGO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)