

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764913

Entity Name: SHIPWATCH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**16787 PERDIDO KEY DR
PENSACOLA, FL 32507**Current Mailing Address:**16787 PERDIDO KEY DR
PENSACOLA, FL 32507**FEI Number: 59-2273414****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HODSON, PATRICIA
16787 PERDIDO KEY DR
PENSACOLA, FL 32507 US*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: PATRICIA HODSON****04/06/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name PARKS, LYNN
Address 13430 GULF BEACH HWY.
PMB # 65
City-State-Zip: PENSACOLA FL 32507

Title TREASURER
Name MCCULLA, MARK
Address 7123 CREEKWOOD
City-State-Zip: MANDEVILLE LA 70471

Title DIRECTOR
Name RATCLIFF, DAVID
Address 16787 PERDIDO KEY DRIVE
UNIT #D202
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name VILLIO, ROBERT
Address 2301 44TH ST
City-State-Zip: KENNER LA 70065

Title PRESIDENT
Name WARD, WILLIAM
Address P.O. BOX 1459
City-State-Zip: ORANGE BEACH AL 36561

Title SECRETARY
Name BUELL, PAM
Address 16787 PERDIDO KEY DRIVE
UNIT #E902
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name HUGHES, GEOFFREY
Address 16787 PERDIDO KEY DR
D601
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name JAMES, BURGESS
Address 124 STRAFFORD CIRCLE
City-State-Zip: BIRMINGHAM AL 35209

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM WARD**PRESIDENT****04/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TOMMY, ZOGHBY
Address	4015 MCGREGOR OAKS
City-State-Zip:	MOBILE AL 36608