2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2005 8:00 am Secretary of State 03-29-2005 90017 001 ****61.25

DOCUMENT # 727518 1. Entity Name SHIP WATCH VILLAS ASSOCIATION, INC.						-29-2005 4 • • • •	90017 001	****6	1.25	
Principal Place of Business Mailing Address % AMELIA ISLAND MGMT., INC. % AMELIA ISLAND MGMT., IN: 3000 FIRST COAST HIGHWAY 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034			-IWAY					elen bieli a	(#)) 0 # 1#0	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0	1062005 Ch	g-NP	CR2E037	(10/03)		
City & State		City & State		4.	FEI Number 52-104621	1	-	-	Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Sta	tus Desired		8.75 Ac ee Requir		
	6. Name and Address of Curren	t Registered Agent		7.	Name and Addr	ess of New	Registered Ag	gent		
GREGORY, DAVID			Name	Name						
AMELIA ISLAND PLANTATION 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034			Street A	Address (P.O.	Box Number is N	ot Acceptab	e)			
AMELIA	3LAND, FE 32034		- 0:						· · · · · · · · · · · · · · · · · · ·	
			City				FL	Zip Co	de	
8. The above the obligation	e named entity submits this statement tions of registered agent.	for the purpose of changing its r	egistered office o	r registered a	gent, or both, in th	he State of Fi	orida. I am fai	miliar with	n, and accept	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signal	ture required when	reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered ages Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.	.00 May Be		DATE Nake check prida Departm			
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12. I hereby certify that the information supplied with this filling 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:

LINETH DUHY**

O2/10/05**
860-491-3.366*

KENNETH
SIGNATURE AND TYPED OR PRINTED NAMED F SIGNANG OFFICER OR DIRECTOR SIGNATURE: