

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90350 047 ****61.25

DOCUMENT # 727518

1. Entity Name
SHIP WATCH VILLAS ASSOCIATION, INC.



Principal Place of Business
**% AMELIA ISLAND MGMT., INC.
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034**

Mailing Address
**% AMELIA ISLAND MGMT., INC.
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
52-1046211

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGORY, DAVID
AMELIA ISLAND PLANTATION
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DUHY, KENNETH
STREET ADDRESS 47 BUEFORD COURT
CITY-ST-ZIP WEST GOSHEN, CT 06756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME TOGLE, JAMES
STREET ADDRESS 32 LAKE FOREST
CITY-ST-ZIP SAINT LOUIS, MO 63117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KECK, WADE
STREET ADDRESS PO BOX 1020
CITY-ST-ZIP ADEL, GA 31620

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STEMPER, JEFF
STREET ADDRESS 99 TETON PINES DRIVE
CITY-ST-ZIP HENDERSON, NV 89014

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WAITS, JIM
STREET ADDRESS 1394 SHIPWATCH VILLAS
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Fogle, James
STREET ADDRESS 6 Brighton Way, #3-C
CITY-ST-ZIP Clayton, MO 63105

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #