2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #727518

1. Entity Name SHIP WATCH VILLAS ASSOCIATION, INC.



FILED

Apr 17, 2007 8:00 am Secretary of State 04-17-2007 90043 009 ****61.25

					<u> </u>					
Principal Place of Business % AMELIA ISLAND MGMT., INC. 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL. 32034		% AN 3000	Mailing Address % AMELIA ISLAND MGMT., INC. 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034							
2. Principal Place of Business - No P.O. Box # 3. N			Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02092007	Chg-NP	CR2E03	7 (12/06)	
City & State			City & State			4. FEI Number Applied For 52-1046211 Not Applied				oplied For ot Applicable
Zip Country Zip				Cou	ntry	5. Certificate of	of Status Desired		\$8.75 Ad Fee Require	
,	6. Name and Address of Curr	ent Registere	d Agent			7. Name and	Address of New I	Registered A	\gent	
GREGORY	/ DAVID				Name					
GREGORY, DAVID AMELIA ISLAND PLANTATION 3000 FIRST COAST HIGHWAY				Street Address (P.O. Box Number is N			r is Not Acceptabl	e)		
	LAND, FL 32034									
			City					FL	Zip Coo	le
	named entity submits this statemen	nt for the purpo	ose of changing its	registere	d office or registe	ered agent, or both	n, in the State of Fl	orida. Iam f	amiliar with,	, and accept
the doligat	ions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered a	gent and title il appi	icable. (NOTE	: Registered	l Agent signature require	ed when reinstating)		DATE		
							 			
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees	' 1	lake check rida Depart		
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHA	NGES TO OFFICE	FRS AND DIF	RECTORS IN	1 10
TITLE	PD		Delete	TITLE					Change	Addition
NAME	DUHY, KENNETH									
CTREET ADDRESS				NAMI	CT ADDOCCC					
STREET ADDRESS City-St-ZIP	47 BUEFORD COURT			STRE	FT ADDRESS ST-ZIP					
i			⊠ Delete	STRE	S1-20P				☐ Change	☐ Addition
CITY-ST-ZIP	47 BUEFORD COURT WEST GOSHEN, CT 06756		Delete	STRE	S1-20P				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	47 BUEFORD COURT WEST GOSHEN, CT 06756 D TOGLE, JAMES 32 LAKE FOREST		Deserte	STREE CITY- TITLE NAME STREE	S1-ZDP				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	47 BUEFORD COURT WEST GOSHEN, CT 06756 D TOGLE, JAMES 32 LAKE FOREST SAINT LOUIS, MO 63117		<i></i>	STREE CITY- TITLE NAME STREE CITY-	S1-ZIP ET ADDRESS S1-ZIP					
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	47 BUEFORD COURT WEST GOSHEN, CT 06756 D TOGLE, JAMES 32 LAKE FOREST SAINT LOUIS, MO 63117 D KECK, WADE PO BOX 1020 ADEL, GA 31620 STD		<i></i>	STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP					
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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 cath; 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.

SI	GI	N	Δ	TI	H	R	F

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

2/14/07 Date

Daytime Phone #