
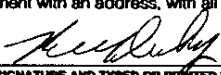


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90043 009 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 52-1046211 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGORY, DAVID AMELIA ISLAND PLANTATION 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DUHY, KENNETH 47 BUEFORD COURT WEST GOSHEN, CT 06756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOGLE, JAMES 32 LAKE FOREST SAINT LOUIS, MO 63117	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KECK, WADE PO BOX 1020 ADEL, GA 31620	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEMPEL, JEFF 99 TETON PINES DRIVE HENDERSON, NV 89014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAITS, JIM 1394 SHIPWATCH VILLAS AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGLE, JAMES 6 BRIGHTON WAY #3-C CLAYTON, MO 63105	<input type="checkbox"/> Delete			
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:  2/12/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					