

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90040 016 ****61.25

DOCUMENT # 746925

1. Entity Name

SHIPP'S LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1090 SO COLLIER BLVD
MARCO ISLAND FL 34145
US

Mailing Address

1090 SO COLLIER BLVD
MARCO ISLAND FL 34145
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2151809

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

GREUSEL, JAMIE B
1104 NORTH COLLIER BLVD
MARCO ISLAND FL 34145

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

| | | |
|----------------|---------------------------|--------------------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'DONNELL, JAMES | |
| STREET ADDRESS | 1100 S COLLIER BLVD #1820 | |
| CITY ST ZIP | MARCO ISLAND FL 34145 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | GRANT, LISA | |
| STREET ADDRESS | 1090 S COLLIER, #314 | |
| CITY ST ZIP | MARCO ISLAND FL 34145 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RATHJE, LOUIS S | |
| STREET ADDRESS | 1090 S COLLIER BLVD #310 | |
| CITY ST ZIP | MARCO ISLAND FL 34145 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | POSNER, BERT | |
| STREET ADDRESS | 1100 S COLLIER BLVD #1522 | |
| CITY ST ZIP | MARCO ISLAND FL 34145 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GURNITZ, ROBERT | |
| STREET ADDRESS | 1080 S COLLIER, #24 | |
| CITY ST ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HEGAN, JAMES | |
| STREET ADDRESS | 1100 S COLLIER BLVD #1522 | |
| CITY ST ZIP | MARCO ISLAND FL 34145 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | Sec. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Richard Rupperecht | |
| STREET ADDRESS | 1100 S. Collier Blvd #720 | |
| CITY ST ZIP | Marco Island, FL 34145 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert Layton | |
| STREET ADDRESS | 1090 S. Collier Blvd #415 | |
| CITY ST ZIP | Marco Island, FL 34145 | |

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

Richard Rupperecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Rupperecht 234-394-0700

Date 3/29/07

Daytime Phone #