

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

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90021 001 \*\*\*\*61.25

**DOCUMENT # 768025**

1. Entity Name

**SHIPWATCH YACHT CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

11900 SHIPWATCH DR.  
LARGO FL 33774  
US

Mailing Address

C/O INFINITI PROP. MGT., INC  
1301 SEMINOLE BLVD. #110  
LARGO FL 33770

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

SEABOARD ARBORS MANAGEMENT  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765

3. Mailing Address

SEABOARD ARBORS MANAGEMENT  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2465018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765

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

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

(NOTE: Registered Agent signature required when reinstating)

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: S/D  
NAME: LAPLANTE, LAWRENCE  
STREET ADDRESS: 11360 HARBOR WAY #1665  
CITY-ST-ZIP: LARGO FL 33774 ☐ Delete

TITLE: PD  
NAME: TESSA, JOSEPH  
STREET ADDRESS: 11590 SHIPWATCH DR., #443  
CITY-ST-ZIP: LARGO FL 33774 ☐ Delete

TITLE: T/D  
NAME: SPANG, LESLIE  
STREET ADDRESS: 11541 SHIPWATCH DR., #1010  
CITY-ST-ZIP: LARGO FL 33774 ☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Joseph F Tessa

3/7/07 422-3103

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone