4-3-91 13- C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 04 1997 8:00am
Secretary of State

DOCUMENT # N04320 (0)

1. Corporation Name

SHIPWATCH TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C O LIBERTE MGMT. GROUP 10645 1ST ST. E. TREASURE ISLAND FL 33706	C O LIBERTE MGMT. GROUP 10645 1ST ST. E. TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1984
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2557895 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIBERTE MGMT. GROUP 10645 1ST ST. E. TREASURE ISLAND FL 33706	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE P.	President	☑ Change ☑ Addition
NAME	LAPETINA, DAN		1.2 NAME	Robert Manausa	
STREET ADDRESS	11590 SHIPWATCH DR. #841		1.3 STREET ADDRESS	11590 Shipwatch Dr. #846	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Largo, FL 33774	
TITLE	TD	☑ DELETE	2.1 TITLE V.P.	V.P.	☑ Change ☐ Addition
NAME	SCOTT, GEORGE		2.2 NAME	Roger Hargus	
STREET ADDRESS	11590 SHIPWATCH DR.		2.3 STREET ADDRESS	11590 Shipwatch Dr. # 545	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	Largo, FL 33774	
TITLE	SD	☑ DELETE	3.1 TITLE SD	Secretary SD	☑ Change ☐ Addition
NAME	MARCHUCK, WALTER		3.2 NAME	Ernest Hepler	
STREET ADDRESS	11590 SHIPWATCH DR.		3.3 STREET ADDRESS	11590 Shipwatch Dr. # 841	
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP	Largo, FL 33774	
TITLE		☐ DELETE	4.1 TITLE TD	Treasurer TD	☑ Change ☐ Addition
NAME			4.2 NAME	George Pazera	
STREET ADDRESS			4.3 STREET ADDRESS	11590 Shipwatch Dr. # 848	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Largo, FL 33774	
TITLE		☐ DELETE	5.1 TITLE D	Director D	☐ Change ☑ Addition
NAME			5.2 NAME	Dan Lapetina	
STREET ADDRESS			5.3 STREET ADDRESS	Box 62 N/A	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Ernest M. Hepler Ernest M. Hepler SD
SIGNATURE REQUIRED