### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N04320

1. Corporation Name

#### SHIPWATCH TWO CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address

C O LIBERTE MGMT. GROUP 10645 1ST ST. E. TREASURE ISLAND FL 33706

# **FILED** Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90120 005 \*\*\*\*61.25



2. Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifo	ed		
21		26 11900 SH	IPWAT (	HDR	07/23/1984			
Suite, Apt. #, etc.					4. FEI Number 59-2557895		<u> </u>	lied For
22 11900 SHIPWATCH DR. 27 -					39 2337093		<del></del>	Applicable
City & State  City & State  City & State  City & State  City & State				5. Certificate of Status I			\$8.75 A	
				nt Dr	6. Election Campaign Financir	10	\$5.00	vlav Be
Zip Country Zip 24 33774 [25] U.S.A. 29 33774 [30]				Ï.S.A.	Trust Fund Contribution	.a 🗆	Added to	•
4 0011	9. Name and Address of Current	<del></del>	1001 5.		10. Name and Address of Nev	w Registered A	\gent	
				81 Name	INFINITI PROPERTY	Madia	e EME	ノデ
LIDEOTE A	ACMT GROUP		-		Address (P.O. Box Number is Not Acce		12116	
LIBERTE MGMT. GROUP 10645 1ST ST. E.				1301 SEMINOLL BOULEVARD				
TREASURE ISLAND FL 33706				83	-			
INENSONE ISLAND TE SSTOR				84 City	SUITE 110		85 Zip C	ode -
				.  ,	LARGO	FL	357	170
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Stat	utes, the ab	ove-named	corporation submits this statement for t	he purpose of o	changing its	registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was	autnonzea	by the corpo	oration's board of directors. I hereby ac	cept the appoin	unen as reg	ISTELED
=	RISIO DAG	o lass			<b>á</b>	).16 <sup>,4</sup>	H	
SIGNATURE	Signature, typed or printed name of registered agent		TE: Registered /	Agent signature re	equired when reinstating)	DATE	1	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS ANI		
TITLE	P	☐ DELETE	1.1 TITI	LE			Change	Addition
NAME	MAXWELL, ROBERT		1.2 NA	WE				
STREET ADDRESS	11590 SHIPWATCH DR. #841		1.3 ST					•
CITY-ST-ZIP	LARGO FL			Y-ST-ZIP			C) (1	- Addition
TITLE	VP	☐ DELETE	2.1 TIT	LE			Change	☐ Addition
NAME	HAYES, ROGER		2.2 NA	ME				
STREET ADDRESS	1590 SHIPWATCH DR.		2.3 ST	REET ADDRESS				
CITY-ST-ZIP	LARGO FL			TY-ST-ZIP				/ 
TITLE	SD	☐ DELETE	3.1 TIT				Change	☐ Addition
NAME	HAPER, ERNEST		3.2 NA					
STREET ADDRESS			3.3 STI	REET ADDRESS				
CITY-ST-ZIP	LARGO FL			TY-ST-ZIP			[] Change	Addition
TITLE	TD	☐ DELETE	4.1 TIT				Change	☐ Madiadii
NAME	PAZERA, GEORGE		4. 2 NA					
STREET ADDRESS	11590 SHIPWATCH DR. #848			REET ADDRESS				
CITY-ST-ZIP	LARGO FL			Y-ST-ZIP			[] Change	Addition
πιε	D	☐ DELETE	5.1 TIT				□] c⊪ange	
NAME	ALICE ROMANO		5.2 NA					
STREET ADDRESS	11590 SHIPWATCH DR #542			REET ADDRESS				,
CITY-ST-ZIP	LARGO FL 33774			Y-ST-ZIP			[]Channe	[ Addition
TITLE		☐ DELETE	6.1 TIT				Change	Addition
NAME			6.2 NA					
STREET ADDRESS			6.3 ST	REET ADDRESS	3			

64 CITY-ST-ZIP CITY-ST-ZIP 14. I 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, with all other like empowered.