

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04320

1. Entity Name

SHIPWATCH TWO CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90092 006 ****61.25

Principal Place of Business

11900 SHIPWATCH DRIVE
LARGO FL 33774
US

Mailing Address

11900 SHIPWATCH DRIVE
LARGO FL 33774-3711
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765
US

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2557895

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

INFINITI PROPERTY MANAGEMENT
1301 SEMINOLE BOULEVARD
SUITE 110
LARGO FL 33770

Name

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765
US

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MAXWELL, ROBERT	11590 SHIPWATCH DR. #841	LARGO FL				
VP	HAYES, ROGER	11590 SHIPWATCH DR.	LARGO FL				
SD	HAPER, ERNEST	11590 SHIPWATCH DR.	LARGO FL				
TD	PAZERA, GEORGE	11590 SHIPWATCH DR. #848	LARGO FL				
D	ALICE ROMANO	11590 SHIPWATCH DR #542	LARGO FL 33774				

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)