## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 24, 2002 8:00 am Secretary of State **DOCUMENT # N04320** SHIPWATCH TWO CONDOMINIUM ASSOCIATION, INC. 05-24-2002 91288 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 11900 SHIPWATCH DRIVE SEABOARD ARBORS MANAGEMENT LARGO FL 33774 2189 CLEVELAND ST STE 225 400000 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2557895 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIGHTON, LENNARD A Street Address (P.O. Box Number is Not Acceptable) C/O SEABOARD ARBORS MANAGEMENT -----2189 CLEVELAND ST STE 225 **CLEARWATER FL 33765** City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete **VPD** TITLE **Addition** Change MAXWELL, ROBERT NAME COCKROFT, LARRY 11590 SHIPWATCH DR. #841 STREET ADDRESS STREET ADDRESS 11590 SHIPWATCH DRIVE #846 LARGO FL CITY-ST-ZIP CITY-ST-ZIP LARGO, FL. 33774 TITLE Delete ☐ Change ☐ Addition HAYES, ROGER NAME NAME 11590 SHIPWATCH DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HAPER, ERNEST NAME NAME 11590 SHIPWATCH DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP largo fl CITY-ST-ZIP TITLE Delete TITLE Change Addition ALICE ROMANO NAME FOERSTE, WERNER NAME STREET ADDRESS 11590 SHIPWATCH DR #542 11590 SHIPWATCH DRIVE #745 STREET ADDRE CITY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP LARGO, FL 33774 TITLE ☐ Delete TITLE M Change ☐ Addition ROBERTS, DAVE NAME STREET ADDRESS 11590 SHIPWATCH DRIVE 547 STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF GIVEN OF DIRECTOR

Date

Daytime Phone #