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

Feb 21, 2007 8:00 am Secretary of State DOCUMENT # N04320 1. Entity Name 02-21-2007 90025 005 ****61.25 SHIPWATCH TWO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 11590 SHIPWATCH DR SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 LARGO FL 33774 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. EEL Number Applied For 59-2557895 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD HILLE □ Delete IIIE ☐ Change ■ Addition NAME COCKROFT, LARRY NAME STREET ADORESS 11590 SHIPWATDH DRIVE # 846 STREET ADDRESS CITY - ST- 7IP CHY-ST-ZIP **LARGO FL 33774** Delete **VPD** Addition THE VPD TITLE ☐ Change DREJA, CINDY NAME TESSA, JOSEPH NAME 11590 SHIPWATCH DR. #648 STREET ADDRESS 1590 SHIPWATCH DRIVE # 443 STREET ADDRESS LARGO, FL 33774 CITY-ST-ZIP CITY+ST-ZIP LARGO FL 33774 TITLE Delete HILE Change ☐ Addition NAME DITMAR, JOYCE NAME STREET ADDRESS STREET ADDRESS 11590 SHIPWATCH DR 643 CITY ST-7IP CHY-ST-7(P LARGO FL 33774 HHI Delete DHE ☐ Change Addition NAME NAME **ELHERS, LOY** STREET ADDRESS STREET ADDRESS 11590 SHIPWATDH DRIVE #544 CITY-ST-ZIP CITY - ST - ZIP LARGO FL 33774 Addition TITLE ☐ Delete TITLE Сhange MC NIEL, SCOTT NAME STREET ADDRESS STREET ADDRESS 11590 SHIPWATCH DR. #445 CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33774 TIFLE ☐ Delete TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJIY-SI-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 officier 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

OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.

FILED

517-712-0815

Feb. 5,2007