

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martinez
Secretary of State
Tallahassee, FL 32399-0001

FILED
STATE OF FLORIDA
CORPORATIONS

95 MAY -1 PM 1:15

DOCUMENT # N05215 (1)

1. Corporation Name

SHIPWATCH FIVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11440 HARBOR WAY #5010
LARGO FL 34644

11440 HARBOR WAY #5010
LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1984

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2557900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 SHADOW LAKES PROP MGMT

26 SHADOW LAKES PROP. MGMT.

Suite, Apt., etc.

Suite, Apt., etc.

22 10825 Seminole Blvd Unit 1

27 10825 Seminole Blvd #1

City & State

City & State

23 LARGO FL

28 LARGO FL

24 34648

Country

25 US

29 34648

Country

30 US

9. Name and Address of Current Registered Agent

ROBERTSHAW, RENEE
11440 HARBOR WAY #5010
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name
Tom Kapper / SHADOW LAKES PROP MGMT
82 Street Address, P.O. Box Number is Not Acceptable
10825 SEMINOLE BLVD UNIT 1
83
84 City LARGO FL 85 Zip Code 34648

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Renee Robertshaw

Signature of Registered Agent (required after 12/31/94)

Signature

12. OFFICERS AND DIRECTORS

12.1 TITLE
STD
NAME
FRED, DAVIS D.
STREET ADDRESS
11450 HARBOR WAY #5007
CITY, ST, ZIP
LARGO FL

12.2 TITLE
PD
NAME
ROBERTSHAW, RENEE
STREET ADDRESS
11440 HARBOR WAY #5010
CITY, ST, ZIP
LARGO FL

12.3 TITLE
VD
NAME
FLOYD, DUGAN
STREET ADDRESS
11440 HARBOR WAY #5009
CITY, ST, ZIP
LARGO FL

12.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL CHANGEABLE OFFICERS AND DIRECTORS

13.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.3 TITLE
VD
NAME
KEITH STRAND
STREET ADDRESS
11450 HARBOR WAY #5001
CITY, ST, ZIP
LARGO FL 34644

13.4 TITLE
Director
NAME
RICHARD KEAST
STREET ADDRESS
11440 HARBOR WAY #5013
CITY, ST, ZIP
LARGO FL 34644

13.5 TITLE
DIRECTOR
NAME
NELL ZAYOL
STREET ADDRESS
11450 HARBOR WAY #5005
CITY, ST, ZIP
LARGO FL 34644

13.6 TITLE
Agent
NAME
Tom Kapper
STREET ADDRESS
Shadow Lakes Property Mgmt.
CITY, ST, ZIP
10825 Seminole Blvd #1 LARGO FL 34648

14. I hereby certify that the information supplied with this filing is substantially true and correct and that I am qualified to be the registered agent for this corporation. 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. I am an officer or director of this corporation or the manager 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 of this report or as an attachment with an address.

SIGNATURE:

Renee Robertshaw RENEE ROBERTSHAW 4/25/95 813-343-7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exhibit 13-2-2