

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05215

1. Entity Name

SHIPWATCH FIVE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90066 030 ****61.25

0004879

Principal Place of Business

SHADOW LAKES PROP. MGMT
10825 SEMINOLE BLVD., UNIT 1
LARGO FL 34648
US

Mailing Address

SHADOW LAKES PROP. MGMT
10825 SEMINOLE BLVD., UNIT 1
LARGO FL 34648
US

2. Principal Place of Business

11900 SHIPWATCH DR

3. Mailing Address

Suite, Apt. #, etc. Same

City & State

LARGO FL

City & State

Zip

33774

Country

USA
PINELLAS

Country

4. FEI Number

59-2557900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOM KAPPER - SHADOW LAKES PROP. MGMT
10825 SEMINOLE BLVD.
UNIT 1
LARGO FL 34648

7. Name and Address of New Registered Agent

NAME
COMMUNITY MANAGEMENT CONCEPTS, INC

Street Address (P.O. Box Number is Not Acceptable)

4175 EAST BAY DR, STE 205

City

CLEARWATER

FL

Zip Code

33764

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]

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FRED, DAVIS D.
11450 HARBOR WAY #5007
LARGO FL 33774 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GARAU, AL
11440 HARBOR WAY #5001
LARGO FL 33774 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOERNER, RUTH A
11440 HARBOR WAY #5013
LARGO FL 33774 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P D
RENEE' ROBERTSHAW
11440 HARBOR WAY #5010
LARGO, FL 33774 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S D
MOLLY SEEFELD
11440 HARBOR WAY #5016
LARGO, FL 33774 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP D
AL GARAU
11303 SHIPWATCH LN. #1862
LARGO, FL 33774 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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]

RENEE ROBERTSHAW PRESIDENT
4/5/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)