

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # N05215

1. Entity Name
SHIPWATCH FIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**11900 SHIPWATCH DR
LARGO, FL 33774 US**

Mailing Address
**11900 SHIPWATCH DR
LARGO, FL 33774 US**



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**COMMUNITY MGMT CONCEPTS, INC
4175 E BAY DR
SUITE 205
CLEARWATER, FL 33764**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTSON, RENEE
11440 HARBOR WAY #5010
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SEEFIELD, MOLLY
11440 HARBIR WAY #5016
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCOTT, STU
11450 HARBORWAY #5008
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ROBINSON, KRIS
11450 HARBORWAY #5002
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000229968
02/15/05-80022-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-05 596-4468