2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT ·# NG5215 1. Entity Name 03-21-2006 90035 048 ****61.25 SHIPWATCH FIVE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address QUUYY. 11900 SHIPWATCH DR 11900 SHIPWATCH DR LARGO FL 33774 US LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2557900 Not Applicable Zip Country Zip 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 COMMUNITY MGMT CONCEPTS, INC Street Address (P.O. Box Number is Not Acceptable) 4175 E BAY DR SUITE 205 CLEARWATER FL 33764 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 approable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to 1. \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D PA TITLE ☐ Delete VPD Change Addition ROBERTSON, RENEE KAREN Wells 11440 HARBOR WAY LARBO FL 33774 NAMI 11440 HARBOR WAY #5010 STREET ADDRESS STREET ADDRESS LARGO FL 33774 CITY-ST-ZIP CITY-ST-ZIP STD THILE Delete THIE ☐ Change Addition MI ANDERSON SEEFIELD, MOLLY NAME 11440 HARBIR WAY #5016 STREET ADDRESS 11440 HARBOR WAY STREET ADDRESS LARGO FL 33774 CITY-ST-ZIP CITY-ST-ZIP ARGO FL 33774 PD TITLE Delete TITLE Change **Addition** D SCOTT, STU NAME NAME Al GARAU STREET ADDRESS 11450 HARBORWAY #5008 11640 Shipwatch DRIVE STREET ADDRESS CITY-ST-ZIP LARGO FL 33774 CITY-ST-7IP VPD TITLE Delete TET: F Change ☐ Addition NAME ROBINSON, KRIS NAME STREET ADDRESS 11450 HARBORWAY #5002 STREET ADDRESS CITY-ST- ZIP **LARGO FL 33774** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. Hurther 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RENET ROBERTSHAW.

3/8/06

FILED

Mar 21, 2006 8:00 am

595-9300