

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90039 005 ****61.25

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																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 59-2557900																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
COMMUNITY MGMT CONCEPTS, INC 4175 E BAY DR SUITE 205 CLEARWATER, FL 33764				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROBERTSON, RENEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11440 HARBOR WAY #5010</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33774</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD Ted Wells</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>11440 HARBORWAY # 5009</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LARGO FL 33774</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	ROBERTSON, RENEE		STREET ADDRESS	11440 HARBOR WAY #5010		CITY-ST-ZIP	LARGO, FL 33774		TITLE	PD Ted Wells	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	11440 HARBORWAY # 5009		STREET ADDRESS	LARGO FL 33774		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																											
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STREET ADDRESS	11440 HARBOR WAY #5010																												
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NAME	11440 HARBORWAY # 5009																												
STREET ADDRESS	LARGO FL 33774																												
CITY-ST-ZIP																													
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME	SEEFIELD, MOLLY		NAME																										
STREET ADDRESS	11440 HARBIR WAY #5016		STREET ADDRESS																										
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP																										
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME	GARAU, AL		NAME																										
STREET ADDRESS	11640 SHIPWATCH DR		STREET ADDRESS																										
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP																										
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME	WELLS, KAREN		NAME																										
STREET ADDRESS	11440 HARBOR WY		STREET ADDRESS																										
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP																										
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME	ANDERSON, M		NAME																										
STREET ADDRESS	11440 HARBOR WY # 5011		STREET ADDRESS																										
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP																										
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CITY-ST-ZIP			CITY-ST-ZIP																										

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Ted J. Wells **TED J. WELLS** 1/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #