

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 013 ****61.25

DOCUMENT # N35140

1. Entity Name
SHIPWATCH SIX CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**10825 SEMINOLE BLVD
LARGO, FL 33778 US**

Mailing Address
**10825 SEMINOLE BLVD
LARGO, FL 33778 US**

40003688



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2979103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPPER, THOMAS W.
10825 SEMINOLE BLVD.
#1
LARGO, FL 33778**

Name

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

City

FL

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 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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete
NAME **REEVES, LINDA**
STREET ADDRESS **11411 HARBOR WAY #1620**
CITY-ST-ZIP **LARGO, FL 33774**

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

TITLE **D** ☒ Delete
NAME **HAGEN, KAREN**
STREET ADDRESS **11340 HARBOR WAY #1648**
CITY-ST-ZIP **LARGO, FL 33774**

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

TITLE **DP** ☐ Delete
NAME **LAPLANTE, LARRY**
STREET ADDRESS **11360 HARBOR WAY #1665**
CITY-ST-ZIP **LARGO, FL 33774**

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

TITLE **D** ☒ Delete
NAME **DONNELLY, JANE**
STREET ADDRESS **11340 HARBOR WAY #1640**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **D** ☐ Change ☒ Addition
NAME **SWANK, BARBARA**
STREET ADDRESS **11340 HARBOR WAY #1643**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **DT** ☐ Delete
NAME **O'DONNELL, JOAN**
STREET ADDRESS **11400 HARBOR WAY #1633**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **D** ☐ Change ☐ Addition
NAME **ZINN, CHARLENE**
STREET ADDRESS **11411 HARBOR WAY #1624**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

LARRY LAPLANTE

Date

Daytime Phone #

1-18-05 727-397-1192