

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90024 015 ****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**



03052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2979103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2008**

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	DS REEVES, LINDA 11411 HARBOR WAY #1620 LARGO, FL 33774
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAPLANTE, LARRY 11360 HARBOR WAY #1665 LARGO, FL 33774
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, JOHN 11400 HARBOR WAY #1633 LARGO, FL 33774
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINN, CHARLENE 11411 HARBOR WAY #1624 LARGO, FL 33774
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHANK, BARBARA 11340 HARBOR WAY #1643 LARGO, FL 33774
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry LaPlante 4-9-08 727-397-1192