

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35140

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** SHIPWATCH SIX CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10825 SEMINOLE BLVD  
#1  
LARGO, FL 33778 US

**New Principal Place of Business:**

**Current Mailing Address:**

10825 SEMINOLE BLVD  
#1  
LARGO, FL 33778 US

**New Mailing Address:**

**FEI Number:** 59-2979103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: ZINN, CHARLENE  
Address: 11411 HARBOR WAY #1624  
City-St-Zip: LARGO, FL 33774

Title: DP  
Name: SHANK, BARBARA  
Address: 11360 HARBOR WAY #1643  
City-St-Zip: LARGO, FL 33774

Title: D  
Name: WHALEN, RICK  
Address: 11455 HARBOR WAY #1611  
City-St-Zip: LARGO, FL 33774

Title: DVP  
Name: MCNEIL, RAYMOND  
Address: 11340 HARBOR WAY #1644  
City-St-Zip: LARGO, FL 33774

Title: DT  
Name: CARSTENS, ALLAN  
Address: 11340 HARBOR WAY #1647  
City-St-Zip: LARGO, FL 33774

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA SHANK

DP

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date