



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90055 040 ****61.25

DOCUMENT # N46441 1. Entity Name SHIPWATCH SEVEN 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		<div style="font-size: 24px; font-weight: bold;">40012285</div>  <div style="margin-top: 10px;"> 01252007 Chg-NP CR2E037 (12/06) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3113364				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CMC, INC COMMUNITY MANAGEMENT CONCEPTS, INC. 4175 EAST BAY DR STE 205 CLEARWATER, FL 33765				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRYSON, TONY 11377 HARBOR WAY #1710 LARGO, FL 33774	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLSTEIN, <i>Jeff</i> 11980 HARBOR WAY LARGO, FL 33774	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERNAL, RICH 11377 HARBOR WAY #1712 LARGO, FL 33774	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D GALLAGHER, Betty</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11301 HARBOR WAY #1746 LARGO FL 33774</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNABEL, URSULA 11377 HARBOR WAY #1712 LARGO, FL 33774	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FIELD, RAY 11320 HARBOR WAY #1720 LARGO, FL 33774	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Wanda Schuler</i> 01-30-07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					