


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90047 041 ****61.25

DOCUMENT # N93000005556	
1. Entity Name SHIPWATCH NINE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 11900 SHIPWATCH DRIVE LARGO FL 33774 US	Mailing Address 11900 SHIPWATCH DRIVE LARGO FL 33774 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

	
1st MOORE	CR2E037 (10/05)
4. FEI Number 59-3225343	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 COMMUNITY MANAGEMENT CONCEPTS, INC 4175 EAST BAY DR SUITE 205 CLEARWATER FL 33764	
---	--

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</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D DOWNING, SUE 14770 SHIPWATCH TRACE #1932 LARGO FL 33774	
VPD NICHOLS, HOYT 14880 SHIPWATCH TRACE #1913 LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TD ULLRICH, RAINER 14701 SHIPWATCH TRACE #1953 LARGO FL 33774	<input type="checkbox"/> Delete
SD SMITH, MARY 14701 SHIPWATCH TRACE #1951 LARGO FL 33774	<input type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD FRED MELCHIORRI 14701 SHIPWATCH TRACE LARGO FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD Roger Hansen 14880 Shipwatch Trace LARGO FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 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 Section 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]* 3-8-06 727 596-2624