


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90039 004 ****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 - No P.O. Box #		3. Mailing Address																																																																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																								
City & State		City & State																																																																																																																								
Zip	Country	Zip	Country																																																																																																																							
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																						
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D DOWNING, SUE</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14770 SHIPWATCH TRACE #1932</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LARGO, FL 33774</td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MELCHIORRI, FRED</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14702 SHIPWATCH TRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LARGO, FL 33774</td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ULLRICH, RAINER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14701 SHIPWATCH TRACE #1953</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LARGO, FL 33774</td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, MARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14701 SHIPWATCH TRACE #1951</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LARGO, FL 33774</td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HANSEN, ROGER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14890 SHIPWATCH TRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LARGO, FL 33774</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">SD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Judy SANDERS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14840 Shipwatch Trace #1924</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO FL 33774</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Todd Whitney</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14880 Shipwatch Trace #1912</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO FL 33774</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D DOWNING, SUE	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	14770 SHIPWATCH TRACE #1932		CITY-ST-ZIP	LARGO, FL 33774		TITLE	VPD	<input type="checkbox"/> Delete	NAME	MELCHIORRI, FRED		STREET ADDRESS	14702 SHIPWATCH TRACE		CITY-ST-ZIP	LARGO, FL 33774		TITLE	TD	<input type="checkbox"/> Delete	NAME	ULLRICH, RAINER		STREET ADDRESS	14701 SHIPWATCH TRACE #1953		CITY-ST-ZIP	LARGO, FL 33774		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	SMITH, MARY		STREET ADDRESS	14701 SHIPWATCH TRACE #1951		CITY-ST-ZIP	LARGO, FL 33774		TITLE	PD	<input type="checkbox"/> Delete	NAME	HANSEN, ROGER		STREET ADDRESS	14890 SHIPWATCH TRACE		CITY-ST-ZIP	LARGO, FL 33774		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Judy SANDERS		STREET ADDRESS	14840 Shipwatch Trace #1924		CITY-ST-ZIP	LARGO FL 33774		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Todd Whitney		STREET ADDRESS	14880 Shipwatch Trace #1912		CITY-ST-ZIP	LARGO FL 33774		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Roger A. Hansen</u> ROGER A. HANSEN 1-8-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																										