

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 10 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39477** (7)

1. Corporation Name

SHIPYARD CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**301 FRONT STREET
SUITE 204
KEY WEST FL 33041**

Mailing Address
**P.O. BOX 1320
KEY WEST FL 33041
US**

3. Date Incorporated or Qualified 08/10/1990	3a. Date of Last Report 01/28/1994
4. FEI Number 65-0138225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 28
Country 25	Country 29
Zip 26	Country 30

9. Name and Address of Current Registered Agent

**SEWELL, JACK E.
201 FRONT ST
STE. 204
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, ROBERT
STREET ADDRESS	102 SOUTHARD ST., UNIT 5
CITY - ST - ZIP	KEY WEST FL
TITLE	S
NAME	SHORT, BEN E
STREET ADDRESS	620 THOMAS ST., UNIT 185
CITY - ST - ZIP	KEY WEST FL
TITLE	S
NAME	ADORIAN, MARGARET
STREET ADDRESS	620 THOMAS ST., UNIT 184
CITY - ST - ZIP	KEY WEST FL
TITLE	D
NAME	WERNICOFF, TEVIS
STREET ADDRESS	202 SOUTHARD ST., UNIT 3
CITY - ST - ZIP	KEY WEST FL
TITLE	VP
NAME	BEHNKE, JOHN
STREET ADDRESS	113 FRONT ST., STE. 205
CITY - ST - ZIP	KEY WEST FL
TITLE	HARVEY, VICTOR
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TEVIS Wernicoff (Pres) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1209 Georgia St
1.4 CITY - ST - ZIP	Key West, Fla 33040
2.1 TITLE	HARVEY, VICTOR (TREASURER) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	102 Southard St, Unit 7
2.4 CITY - ST - ZIP	Key West, Fla 33040
3.1 TITLE	(SECRETARY + Vice Pres) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Adorian, Margaret
3.3 STREET ADDRESS	620 Thomas St, Unit 184
3.4 CITY - ST - ZIP	Key West, Fla 33040
4.1 TITLE	Teitelbaum, Alan (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	102 Southard St, Unit 7
4.4 CITY - ST - ZIP	Key West, Fla 33040
5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Denning, William (D)
5.3 STREET ADDRESS	125 9th Ave
5.4 CITY - ST - ZIP	Summerland Key, Fla 33012
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (905) 296-0556

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #