

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N39477** (7)

1. Corporation Name  
**SHIPYARD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 201 FRONT STREET SUITE 204 KEY WEST FL 33041  
Mailing Address: P.O. BOX 1329 KEY WEST FL 33041 US

3. Date Incorporated or Qualified: 08/10/1990  
3a. Date of Last Report: 04/10/1995

21	2. Principal Place of Business 522 Emma St	26	2a. Mailing Address	4.	FEI Number 65-0138225	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Key West, FL	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33040	25	Country USA	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
522 Emma St  
83  
84 City Key West FL 85 Zip Code 33040

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNICOFF, TEVIS	1.2 NAME	
STREET ADDRESS	1209 GEORGIA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, VICTOR	2.2 NAME	
STREET ADDRESS	102 SOUTHARD ST., UNIT 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADORJAN, MARGARET	3.2 NAME	
STREET ADDRESS	620 THOMAS ST., UNIT 184	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEITELBAUM, ALAN	4.2 NAME	
STREET ADDRESS	102 SOUTHARD ST., UNIT 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNING, WILLIAM	5.2 NAME	DIRECTOR MARTIN RABINOWITZ
STREET ADDRESS	135 9TH AVE	5.3 STREET ADDRESS	8525 N.W. 53rd Terrace
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	5.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Date: 4/1/96 Daytime Phone #: 305 292 7605

CR2E037 (12/95)