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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39477 (7)
Corporation Name
SHIPYARD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 522 EMMA ST KEY WEST FL 33040 US	Mailing Address P.O. BOX 1329 KEY WEST FL 33041 US
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3. Date Incorporated or Qualified 08/10/1990	
4. FEI Number 65-0138225	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SEWELL, JACK E.
522 EMMA ST.
STE. 204
KEY WEST FL 33040**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
32 GOLF CLUB DRIVE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WERNICOFF, TEVIS
STREET ADDRESS	1209 GEORGIA ST.
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input type="checkbox"/> DELETE
NAME	T HARVEY, VICTOR
STREET ADDRESS	102 SOUTHARD ST., UNIT 7
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SVPD- ADRIAN, MARGARET
STREET ADDRESS	620 THOMAS ST., UNIT 184
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input type="checkbox"/> DELETE
NAME	TEITELBAUM, ALAN
STREET ADDRESS	102 SOUTHARD ST., UNIT 7
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MARTIN RAVINOWITZ
STREET ADDRESS	8525 N.W. 53RD TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MKE DOYLE
3.3 STREET ADDRESS	620 Thomas St, Unit 195
3.4 CITY-ST-ZIP	KEY WEST, FL 33040
4.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN BOLLINGER
5.3 STREET ADDRESS	104 Southard St Unit 7
5.4 CITY-ST-ZIP	KEY WEST, FL 33040
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* (305) 293-0301

CFR2E037 (10/97)