

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90078 020 ****61.25

DOCUMENT # N39477
 1. Entity Name
SHIPYARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 201 FRONT STREET STE. 103 KEY WEST FL 33040 US	Mailing Address 201 FRONT STREET STE. 103 KEY WEST FL 33040 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0343807	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CHRISTIAN, STERLING J
 201 FRONT STREET
 STE. 103
 KEY WEST FL 33040**

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.
 SIGNATURE **STERLING CHRISTIAN** **2/17/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOLLINGER, JOHN	
STREET ADDRESS	104-7 SOUTHARD ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAUER, BERNARD	
STREET ADDRESS	202-1 SOUTHARD ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARVEY, VICTOR	
STREET ADDRESS	102-7 SOUTHARD ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TEITELBAUM, ALAN	
STREET ADDRESS	102-7 SOUTHARD ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, MICHAEL	
STREET ADDRESS	208-1 SOUTHARD ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BOLLINGER	
STREET ADDRESS	104-7 SOUTHARD ST.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD MAUER	
STREET ADDRESS	202-1 SOUTHARD ST.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR HARVEY	
STREET ADDRESS	102-7 SOUTHARD ST.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN TEITELBAUM	
STREET ADDRESS	102-7 SOUTHARD ST.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **VICTOR HARVEY, PRESIDENT** **2/17/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

305-286-0584