
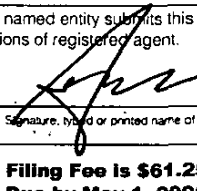


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90099 045 ****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	
2. Principal Place of Business		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 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <u>STERLING CHRISTIAN</u>		DATE <u>2/21/2006</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERGSTRAESSER, STEVE <input type="checkbox"/> Delete 620 THOMAS STREET #174 KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bergstraesser Steve 620 Thomas Street, #174 Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete MAUER, BERNARD 202-1 SOUTHARD ST. KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leonard, Jack 620 Thomas St, #199 Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HARVEY, VICTOR 102-7 SOUTHARD ST. KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Caron, Mike 620 Thomas St, #172 Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete TEITELBAUM, ALAN 102-7 SOUTHARD ST. KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete EYMER, JEFFREY 8292 CODY'S CORNER CICERO, NY 13039	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eymer, Jeffrey 8292 Cody's Corner Cicero, NY 13039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>S. A. LEONARD</u> <u>2/22/06</u>		Date <u>2/22/06</u> Daytime Phone # <u>305 293 8223</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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02172006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0343807 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required