
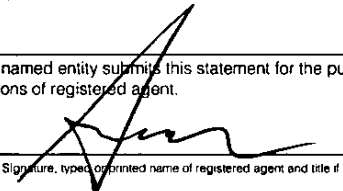
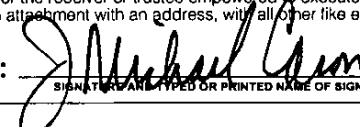


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90046 027 \*\*\*\*61.25

<b>DOCUMENT # N39477</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
02072008 Chg-NP				CR2E037 (12/06)	
4. FEI Number 65-0343807				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHRISTIAN, STERLING J 201 FRONT STREET STE. 103 KEY WEST, FL 33040			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>Stephen C. Hausman</u> 2/11/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	YD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGSTRAESSER, STEVE		NAME	Craig Tellerd	
STREET ADDRESS	620 THOMAS STREET #174		STREET ADDRESS	896 Corporate Way, # 440	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Westlake, OH 44145	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, JACK		NAME	Jack Agnew	
STREET ADDRESS	620 THOMAS STREET, #199		STREET ADDRESS	137 Warwick Rd, West	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Newton, MA 02465	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARON, MIKE		NAME	Caron, Mike	
STREET ADDRESS	620 THOMAS ST. #172		STREET ADDRESS	620 Thomas St, #172	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West, FL 33040	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEITELBAUM, ALAN		NAME	Teitelbaum, Alan	
STREET ADDRESS	102-7 SOUTHARD ST.		STREET ADDRESS	140 Spring Grove Ave	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	San Rafael, CA 94901	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Ginger King	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EYMER, JEFFREY		NAME	Ginger King	
STREET ADDRESS	8292 CODY'S CORNER		STREET ADDRESS	620 Thomas St, #281	
CITY-ST-ZIP	CICERO, NY 13039		CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>J. Michael CARON</u> 2/20/08 (508)269-8565 <small>Signature, typed or printed name of signing officer or director Date Day/Time Phone #</small>					