

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39477

**FILED**  
**Mar 16, 2023**  
**Secretary of State**  
**2887795793CC**

**Entity Name:** SHIPYARD CONDOMINIUM ASSOCIATION, INC,

**Current Principal Place of Business:**

109 FRONT STREET, OFFICE  
KEY WEST, FL 33040

**Current Mailing Address:**

109 FRONT STREET, OFFICE  
KEY WEST, FL 33040 US

**FEI Number:** 65-0343807

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, PHILIP E  
109 FRONT STREET, OFFICE  
KEY WEST, FL 33040 US

*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:** PHILIP E WILSON

03/16/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name AGNEW, JACK  
Address 137 WARWICK RD., WEST  
City-State-Zip: NEWTON MA 02456

Title TREASURER  
Name TELLERD, CRAIG  
Address 2510 CANTERBURY ROAD, SUITE 200  
City-State-Zip: WESTLAKE OH 44145

Title PRESIDENT  
Name BABUDER, PHIL  
Address 4401 WEST CALLA ROAD  
City-State-Zip: CANFIELD OH 44406

Title DIRECTOR  
Name LECOMPTE-GITTINS, FRANCINE  
Address 621 CANFIELD LANE  
City-State-Zip: KEY WEST FL 33040

Title SECRETARY  
Name KRAUSS, GLENN  
Address 12 BRIAR RIDGE PLACE  
City-State-Zip: SELKIRK NY 12158

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHIL BABUDER

**PRESIDENT**

03/16/2023

Electronic Signature of Signing Officer/Director Detail

Date