
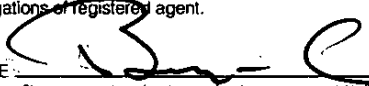


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90007 020 ****61.25

DOCUMENT # N02000003899					
1. Entity Name SHIPYARD VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business SCHOO MANAGEMENT INC. 9411-2 CYPRESS LAKE FORT MYERS, FL 33919			Mailing Address SCHOO MANAGEMENT INC. 9411-2 CYPRESS LAKE FORT MYERS, FL 33919		
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	4. FEI Number 01-0704633	
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		
CRUZ, BRYAN C/O SCHOO MANAGEMENT INC. 9411-2 CYPRESS LAKE FORT MYERS, FL 33919			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: 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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 VP	NAME BLAINE, ROSE <input type="checkbox"/> Delete		TITLE P	NAME Blaine, Rose <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3355 N KEY DR 16	CITY-ST-ZIP NORTH FORT MYERS, FL 33903		STREET ADDRESS	CITY-ST-ZIP	
TITLE ST	NAME LIGHTBODY, JOHN <input type="checkbox"/> Delete		TITLE	NAME	
STREET ADDRESS 1838 SKIFF CRT	CITY-ST-ZIP TOMS RIVER, NJ 08753		STREET ADDRESS	CITY-ST-ZIP	
TITLE P	NAME BROWN, CONRAD <input type="checkbox"/> Delete		TITLE V	NAME Brown, Conrad <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3347 N KEY DR 32	CITY-ST-ZIP NORTH FORT MYERS, FL 33903		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	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>Blaine Rose</u> <u>Blaine Rose</u> <u>4/30/07</u> <u>481-4700</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					