

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 30, 2007
Secretary of State

DOCUMENT# N02000003899

Entity Name: SHIPYARD VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**SCHOO MANAGEMENT INC.
9411-2 CYPRESS LAKE
FORT MYERS, FL 33919**New Principal Place of Business:**3355 NORTH KEY DRIVE
FORT MYERS, FL 33903**Current Mailing Address:**SCHOO MANAGEMENT INC.
9411-2 CYPRESS LAKE
FORT MYERS, FL 33919**New Mailing Address:**C/O SILVERCRESTED MGT INC
P O BOX 1848
FORT MYERS, FL 33902**FEI Number:** 01-0704633**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CRUZ, BRYAN
C/O SCHOO MANAGEMENT INC.
9411-2 CYPRESS LAKE
FORT MYERS, FL 33919 US**Name and Address of New Registered Agent:**SILVERCRESTED MGT INC
3440 MARINATOWN LANE
206
FORT MYERS, FL 33903 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: LEE J VAN TILBURG

08/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLAINE, ROSE
Address: 3355 N KEY DR 16
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST () Delete
Name: LIGHTBODY, JOHN
Address: 1838 SKIFF CRT
City-St-Zip: TOMS RIVER, NJ 08753

Title: V () Delete
Name: BROWN, CONRAD
Address: 3347 N KEY DR 32
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSE, BLAINE
Address: 3355 N KEY DR 16
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD (X) Change () Addition
Name: LIGHTBODY, JOHN
Address: 1838 SKIFF CRT
City-St-Zip: TOMS RIVER, NJ 08753

Title: VD (X) Change () Addition
Name: BROWN, CONRAD
Address: 3347 N KEY DR 32
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BLAINE ROSE

PD

08/30/2007

Electronic Signature of Signing Officer or Director

Date