2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N02000003899

Entity Name: SHIPYARD VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3355 NORTH KEY DRIVE
FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P O BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 01-0704633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH 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: CHAD VAN TILBURG 02/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: VD ( ) Delete
Name: BROWN, CONRAD
Address: 191 BRIGHTWATER FALLS RD
City-St-Zip: HENDERSONVILLE, NC 28739

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: COURTNEY, PAUL
Address: 90 HORIZONS DR
City-St-Zip: HAMILTON, OH 45013

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: BLAYNE ROSE PD 02/26/2009
Electronic Signature of Signing Officer or Director Date