

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003899

FILED  
Apr 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3355 NORTH KEY DRIVE  
FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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  
3436 MARINATOWN LANE  
1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903 US

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

SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND ROAD  
8D  
CAPE CORAL, FL 33909 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: MICHELLE COLLINS

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: GLUBKA, DAVID  
Address: 3351 NORTH KEY DR #24  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: PD  
Name: LIGHTBODY, JOHN  
Address: 1838 SKIFF CT  
City-St-Zip: TOMS RIVER, NJ 08753 US

Title: VD  
Name: COURTNEY, PAUL  
Address: 90 HORIZONS DR  
City-St-Zip: HAMILTON, OH 45013 US

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: MICHELLE COLLINS

CAM

04/16/2012

Electronic Signature of Signing Officer or Director

Date