

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39477

FILED
Feb 25, 2009
Secretary of State

Entity Name: SHIPYARD CONDOMINIUM ASSOCIATION, INC,

Current Principal Place of Business:

201 FRONT STREET
STE. 103
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

201 FRONT STREET
STE. 103
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0343807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIAN, STERLING J
201 FRONT STREET
STE. 103
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: TELLARDD, CRAIG
Address: 896 CORPORATE WAY, #440
City-St-Zip: WESTLAKE, OH 44145

Title: SD () Delete
Name: AGNEW, JACK
Address: 137 WARWICK RD, WEST
City-St-Zip: NEW TOWN, MA 02456

Title: PD () Delete
Name: CARON, MIKE
Address: 620 THOMAS ST, #172
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: TEITELBAUM, ALAN
Address: 140 SPRING GROVE AVE
City-St-Zip: SAN RAFAEL, CA 94901

Title: D () Delete
Name: KING, GINGER
Address: 620 THOMAS ST, #281
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: TELLERD, CRAIG
Address: 896 CORPORATE WAY, #440
City-St-Zip: WESTLAKE, OH 44145

Title: SD (X) Change () Addition
Name: AGNEW, JACK
Address: 137 WARWICK RD, WEST
City-St-Zip: NEWTON, MA 02456

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

Title: D (X) Change () Addition
Name: TEITELBAUM, ALAN
Address: 140 SPRING GROVE AVE
City-St-Zip: SAN RAFAEL, CA 94901

Title: TD (X) Change () Addition
Name: KING, GINGER
Address: 620 THOMAS ST, #281
City-St-Zip: KEY WEST, FL 33040

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: MIKE CARON

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date