FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **621074** **(4)**

1. Corporation Name
SCHOONER VIEW DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
4451 PINE ISLNAD RD PO BOX 531 MATLACHA FL 33909	4451 PINE ISLNAD RD PO BOX 531 MATLACHA FL 33909

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/07/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **65-0143125** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

YEATTER, LOREN M.
2451 PINE ISLAND RD NW, P.O. BOX 531
MATLACHA FL 33909

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, BOBBIE L	1.2 NAME	
STREET ADDRESS	38218 CHERRY HILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAND, MI	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	AVILES, ELEANOR A.	2.2 NAME	
STREET ADDRESS	425 HANCOCK BDG PKWY #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	YEATTER, LOREN M.	3.2 NAME	
STREET ADDRESS	4451 PINE ISLAND RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MATLACHA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BYRD, WILLIAM E	4.2 NAME	
STREET ADDRESS	3851 LOVES CREEK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOWELL, MI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, PAUL R	5.2 NAME	
STREET ADDRESS	9212 BROOKVILLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH, MI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, RAYMOND	6.2 NAME	
STREET ADDRESS	19555 PIERSON	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHVILLE, MI	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pres. LOREN M. YEATTER 4/25/95 (813) 283-1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490092 FP