

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 621074 (4)
1. Corporation Name
SCHOONER VIEW DEVELOPMENT COMPANY

Principal Place of Business 4451 PINE ISLAND RD PO BOX 531 MATLACHA FL 33909	Mailing Address 4451 PINE ISLAND RD PO BOX 531 MATLACHA FL 33993-9780
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1979	3a. Date of Last Report 08/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0143125	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

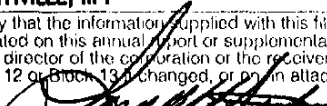
9. Name and Address of Current Registered Agent YEATTER, LOREN M. 2451 PINE ISLAND RD NW, P.O. BOX 531 MATLACHA FL 33909		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	85 Zip Code

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

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 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, changed, or on an attachment with an address.

SIGNATURE:  DATE: 05/12/97 941 283-1057

CP2E034 (9/96)