2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State
03-24-2006 90016 039 ***150.00

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1. Entity Name
SCHOONER VIEW DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
4451 PINE ISLNAD RD PO BOX 531 MATLACHA, FL 33909	POB 531 MATLACHA, FL 33993

03132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 403
City & State	City & State ALVA FL 33920
Zip / Country	Zip 33920 / Country LEE

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YEATTER, LOREN M. 4451 PINE ISLAND RD NW, P.O. BOX 531 MATLACHA, FL 33993	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00.

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, BOBBIE L 38218 CHERRY HILL WESTLAND, MI,	☐ Delete	D Allen, Bobbie L. 3706 TOULOUSE CT, PUNTA GORDA, FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YEATTER, LOREN M. 4451 PINE ISLAND RD MATLACHA, FL 33993	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP ALLEN, PAUL R 9212 BROOKVILLE PLYMOUTH, MI, 48170	☐ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, RAYMOND 19555 PIERSON NORTHVILLE, MI, 48167	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D BYRD, SHAWN 2095 SWARTHOUT PINCKNEY, MI. 48169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST AVILES, Eleanor A. P.O. Box 403 ALVA, FL 33920	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Allen V.P. 3-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #