

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:47

DOCUMENT # **N11635 (2)**

1. Corporation Name

SCHOONER OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% NAPEV CONSTRUCTION LIMITED
1185 LAKESHORE ROAD EAST
MISSISSAUGA, ONTARIO CANADA
L5E 1G1

% NAPEV CONSTRUCTION LIMITED
1185 LAKESHORE ROAD EAST
MISSISSAUGA, ONTARIO CANADA
L5E 1G1

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/17/1985** 3a. Date of Last Report **03/24/1994**

4. FEI Number **65-0198659** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **L5E 1G1** 25 Country

29 Zip **L5E 1G1** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PORCH, EDWARD C.
1662 N. E. DIXIE HIGHWAY
JENSEN BEACH
STUART, 34957**

Address
Change:

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1273 N.W. Spruce Ridge Drive

83

84 City **Stuart**

85 FL

86 Zip Code **34994**

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **SHISHKOV, PETER**
STREET ADDRESS **1185 LAKESHORE RD. E**
CITY - ST - ZIP **MISSISSAUGA, ONTAR.CN**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE **TD**
NAME **SHISHKOV, ALEXANDER**
STREET ADDRESS **1185 LAKESHORE RD. E**
CITY - ST - ZIP **MISSISSAUGA, ONTAR.CN**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TD Change Addition
Nina Shishkov
1185 Lakeshore Rd. East
Mississauga, On. Canada L5E 1G1

TITLE **SD**
NAME **RINGE, KENNETH**
STREET ADDRESS **5318 SE SCHOONER OAKS WY**
CITY - ST - ZIP **STUART FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE **VD**
NAME **CAMPBELL, L C**
STREET ADDRESS **5300 SE SCHOONER OAKS WAY**
CITY - ST - ZIP **STUART FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE **D**
NAME **TURNER, BRINTON**
STREET ADDRESS **5212 SE SCHOONER OAKS WAY**
CITY - ST - ZIP **STUART FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE **D**
NAME **SINGERLE, ROBERT**
STREET ADDRESS **5548 SE SCHOONER OAKS WAY**
CITY - ST - ZIP **STUART FL**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

D Change Addition
Carol Cochran
5200 S.E. Schooner Oaks Way
Stuart, Florida 34997

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 19.07(3)(k), 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 its receiver or liquidator empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if completed, or on an attachment with an address.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR

P. Shishkov, President

March 15, 1995

(905) 274-0770