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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11635 (2)**
1. Corporation Name
SCHOONER OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % NAPEV CONSTRUCTION LIMITED 1185 LAKESHORE ROAD EAST MISSISSAUGA, ONTARIO CANADA L5E1G US	Mailing Address % NAPEV CONSTRUCTION LIMITED 1185 LAKESHORE ROAD EAST MISSISSAUGA, ONTARIO CANADA L5E1G US
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3. Date Incorporated or Qualified 10/17/1985	3a. Date of Last Report 07/02/1996
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2. Principal Place of Business 21 707 Chillingworth Dr Suite, Apt. #, etc.	2a. Mailing Address 26 707 Chillingworth Dr. Suite, Apt. #, etc.	4. FEI Number 65-0198659	Applied For Not Applicable
22 City & State West Palm Beach, FL	27 City & State West Palm Beach, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33409	28 Zip 33409	Country USA	Country USA

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PORCH, EDWARD C.
1273 NW SPRUCE RIDGE DR
STUART, 34994**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISHKOV, PETER	1.2 NAME	
STREET ADDRESS	1185 LAKESHORE RD. E	1.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA, ONTAR.CN	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISHKOV, NINA	2.2 NAME	Richard L. Manske
STREET ADDRESS	1185 LAKESHORE RD. E	2.3 STREET ADDRESS	215 S. Federal Highway, Suite 103
CITY-ST-ZIP	MISSISSAUGA, ONTAR.CN	2.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGE, KENNETH	3.2 NAME	
STREET ADDRESS	5318 SE SCHOONER OAKS WY	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATI, JOYCE	4.2 NAME	Susan Plerson
STREET ADDRESS	5680 SE SCHOONER OAKS WAY	4.3 STREET ADDRESS	5336 S.E. Schooner Oaks Way
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, BRINTON	5.2 NAME	Frank Semancik
STREET ADDRESS	5212 SE SCHOONER OAKS WAY	5.3 STREET ADDRESS	5536 S.E. Schooner Oaks Way
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, CAROL	6.2 NAME	Stan Olingen
STREET ADDRESS	5200 SE SCHOONER OAKS WAY	6.3 STREET ADDRESS	1151 S.W. 30th St., Suite F
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	Palm City, FL 34990

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank Semancik* **SIGNATURE REQUIRED** **FRANK SEMANCIK / DIRECTOR**
Date: **4/19/97** Daytime Phone: **887-5846**

CR2E037 (9/96)