


FILE NOW: FILING FEE IS \$61.25

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**Mar 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northerm 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		Mailing Address	
707 CHILLINGWORTH DR WEST PALM BEACH FL 33409 US		707 CHILLINGWORTH DR WEST PALM BEACH FL 33409 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	29

3. Date Incorporated or Qualified
10/17/1985

4. FEI Number
65-0198659

Applied For	Not Applicable
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **Sally S. Rockrise**

82 Street Address (P.O. Box Number is Not Acceptable)
707 Chillingworth Drive

83

84 City **West Palm Beach** **FL** 85 Zip Code **33409**

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 *Sally S. Rockrise* **SALLY S. ROCKRISE** **3/11/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISHKOV, PETER	1.2 NAME	Susan W. Pierson
STREET ADDRESS	1185 LAKESHORE RD. E	1.3 STREET ADDRESS	5336 S.E. Schooner Oaks Way
CITY-ST-ZIP	MISSISSAUGA, ONTAR.CN	1.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSKE, RICHARD L	2.2 NAME	Gloria Axelrod
STREET ADDRESS	215 S FEDERAL HIGHWAY SUITE 103	2.3 STREET ADDRESS	5136 S.E. Schooner Oaks Way
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGE, KENNETH	3.2 NAME	Ellen J. Klee
STREET ADDRESS	5318 SE SCHOONER OAKS WY	3.3 STREET ADDRESS	5266 S.E. Schooner Oaks Way
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, SUSAN	4.2 NAME	Joyce Pati
STREET ADDRESS	5336 SE SCHOONER OAKS WAY	4.3 STREET ADDRESS	5680 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	SEMANCIK, FRANK	5.2 NAME	Kenneth Ringe
STREET ADDRESS	5536 SE SCHOONER OAKS WAY	5.3 STREET ADDRESS	5318 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINGAN, STAN	6.2 NAME	
STREET ADDRESS	1151 SW 30TH ST SUITE F	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	6.4 CITY-ST-ZIP	

14. I 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.

Susan W Pierson, Pres

SIGNATURE: *Susan W. Pierson* **Susan W. Pierson** **3/10/98** **201-3332**

CPRE037 (10/97)