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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11635
 1. Corporation Name
SCHOONER OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 707 CHILLINGWORTH DR WEST PALM BEACH FL 33409 US	Mailing Address 707 CHILLINGWORTH DR WEST PALM BEACH FL 33409 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/17/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0198659
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROCKRISE, SALLY S 707 CHILLINGWORTH DR W PALM BEACH FL 33409				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PIERSON, SUSAN W	1.2 NAME	
STREET ADDRESS	5336 S E SCHOONER OAKS WY	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELROD, GLORIA	2.2 NAME	
STREET ADDRESS	5136 S E SCHOONER OAKS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEE, ELLEN J	3.2 NAME	Klee, Ellen J.
STREET ADDRESS	5266 S E SCHOONER OAKS WY	3.3 STREET ADDRESS	5266 S.E. Schooner Oaks Way
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, PATI	4.2 NAME	Pati, Joyce
STREET ADDRESS	5680 S E SCHOONER OAKS WY	4.3 STREET ADDRESS	5680 S.E. Schooner Oaks Way
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGE, KENNETH	5.2 NAME	Phelps, Patricia
STREET ADDRESS	5318 S E SCHOONER OAKS WY	5.3 STREET ADDRESS	5461 S.E. Schooner Oaks Way
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Susan W. Pierson* SIGNATURE REQUIRED 3-10-99 Date Daytime Phone #

CR2E037 (1/198)