

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90049 009 ****61.25

DOCUMENT # N11635

1. Entity Name

Schooner Oaks Condominium Association, Inc.

Principal Place of Business

3175 S. Congress #201
 Palm Springs, FL
 33461

Mailing Address

P.O. Box 8554
 West Palm Beach, FL
 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0198659

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Rockrise, Sally S.
 3175 S. Congress Ave., #201
 Palm Springs, FL 33461

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME Pierson, Susan W.
 STREET ADDRESS 5336 S.E. Schooner Oaks Way
 CITY-ST-ZIP Stuart, FL 34997

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME Axelrod, Gloria
 STREET ADDRESS 5136 S.E. Schooner Oaks Way
 CITY-ST-ZIP Stuart, FL 34997

TITLE VPD Change Addition
 NAME Phelps, Patricia
 STREET ADDRESS 5461 S.E. Schooner Oaks Way
 CITY-ST-ZIP Stuart, FL 34997

TITLE SD Delete
 NAME Phelps, Patricia
 STREET ADDRESS 5461 S.E. Schooner Oaks Way
 CITY-ST-ZIP Stuart, FL 34997

TITLE SD Change Addition
 NAME Bridges, Dale F.
 STREET ADDRESS 5479 S.E. Schooner Oaks Way
 CITY-ST-ZIP Stuart, FL 34997

TITLE TD Delete
 NAME Klee, Ellen J.
 STREET ADDRESS 5266 S.E. Schooner Oaks Way
 CITY-ST-ZIP Stuart, FL 34997

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME Pati, Joyce
 STREET ADDRESS 5680 S.E. Schooner Oaks Way
 CITY-ST-ZIP Stuart, FL 34997

TITLE D Change Addition
 NAME Bouse, Nancy K.
 STREET ADDRESS 5530 S.E. Schooner Oaks Way
 CITY-ST-ZIP Stuart, FL 34997

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 617, 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: *Patricia Phelps* Patricia Phelps

3/22/00

561-221-3552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)