

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0051264

04-10-2001 90048 025 ****61.25

DOCUMENT # N11635

1. Entity Name
SCHOONER OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3175 S CONGRESS # 201 LAKE WORTH FL 33461 US	Mailing Address PO BOX 8554 WEST PALM BEACH FL 33407 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business CONCEPT MGMT. SERVICE Suite, Apt. #, etc. 7136 SE OSPREY ST. City & State HOBE SOUND FL	3. Mailing Address c/o D.M.I. Suite, Apt. #, etc. 400 TONEY PENNA DR. City & State JUPITER FL
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4. FEI Number 65-0198659	Applied For <input type="checkbox"/> Not Applicable
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Zip 33455	Country USA	Zip 33458	Country USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROCKRISE, SALLY S
3175 S CONGRESS AVE # 201
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent
 Name
JANE PHILLIPS
 Street Address (P.O. Box Number is Not Acceptable)
CONCEPT MANAGEMENT SERVICE
7136 S.E. OSPREY STREET
 City
HOBE SOUND FL Zip Code
33455

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 *Jane Phillips* **JANE PHILLIPS, MANAGER** **4/4/01**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERSON, SUSAN W 5336 S E SCHOONER OAKS WY STUART FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AXELROD, GLORIA 5136 S E SCHOONER OAKS WAY STUART FL 34997. <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEE, ELLEN J 5266 S E SCHOONER OAKS WAY STUART FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATI, JOYCE 5680 S E SCHOONER OAKS WAY STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHELPS, PATRICIA 5461 S E SCHOONER OAKS WAY STUART FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KILLEEN, EDWARD 5455 SE SCHOONER OAKS WAY STUART, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASKETT, ANNE 5284 SE SCHOONER OAKS WAY STUART, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan Pierson* **SIGNATURE REQUIRED** **President** **4-4-01** **561-287-1442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)