

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90494 035 ****61.25

DOCUMENT # N11635

1. Entity Name

SCHOONER OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address **Schooner Oaks Condo Assoc.**

**CONCERT MGMT. SERVICE
 7300 SE OCEAN ST
 HOBE SOUND FL 33455
 US**

**J.J. Personalized Management
 P.O. Box 1963
 PALM CITY, FLA. 34991**

**5351 SE Schooner Oaks Way
 Stuart, FLA. 34997**



DO NOT WRITE IN THIS SPACE

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

**PHILLIPS, JANE
 7136 S.E. OSPRY ST
 HOBE SOUND FL 33455**

**Michael Gelfand
 Gelfand & Arce, P.A.**

Name **Michael Gelfand of Gelfand & Arce, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
**One Clearlake Center
 250 So. Australian Ave, Suite 1016
 W. Palm Beach FL 33401-5014**

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.

MICHAEL J. GELFAND

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/02

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 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 KILLEEN, EDWARD 5455 SE SCHOONER OAKS WAY STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEE, ELLEN J 5266 S E SCHOONER OAKS WAY STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASKETT, ANNE 5284 SE SCHOONER OAKS WAY STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHELPS, PATRICIA 5461 S E SCHOONER OAKS WAY STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer DIT Rhonda Warner Schultz 5318 SE SCHOONER OAKS WAY STUART, FLA. 34997	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASKETT BASKETT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - DIS Camille Abulone 5435 SE SCHOONER OAKS WAY STUART, FLA. 34997	<input checked="" 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:

SIGNATURE REQUIRED
Susan W. Pierson, President

3-30-2002

712-288-2960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)