


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90262 025 ****61.25

DOCUMENT # N11635

1. Entity Name
 SCHOONER OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 5351 SE SCHOONER OAKS WAY
 P O BOX 1863
 STUART, FL 34997 US

Mailing Address
 SCHOONER OAKS CONDO ASSOC.
 5351 SE SCHOONER OAKS WAY
 STUART, FL 34997 US



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0198659

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNETT, GOOGE, ROSS & EARLE PA.
 401 E. OSCELOA ST.
 STUART, FL 34994

7. Name and Address of New Registered Agent

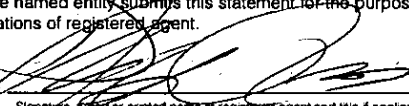
Name
 Ross Earle & Bonan, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 759 S. Federal Hwy., Suite 202

City
 Stuart

FL
 Zip Code
 34994

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Deborah C. Ross 4/23/04

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

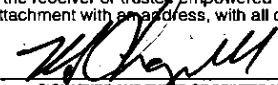
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARSEN, SANDY 5512 SE SCHOONER OAKS WAY STUART, FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENSON, DICK 5266 SE SCHOONER OAKS WAY STUART, FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHALLER, GARY 5584 SE SCHOONER OAKS WAY STUART, FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONER, JOHN 5491 SE SCHOONER OAKS WAY STUART, FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERNON, LORI 5306 SE 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	R.S. Chapell 5124 SE Schooner Oaks Way Stuart, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mario Vendette 5662 SE Schooner Oaks Way Stuart, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gary Schauer 5584 SE Schooner Oaks Way Stuart, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rochelle Gassner 5572 SE Schooner Oaks Way Stuart, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lori Vernon 5306 SE Schooner Oaks Way Stuart, FL 34997	<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:  R.S. CHAPPELL, ITS PRESIDENT 4/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #