


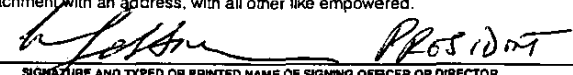
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90142 043 ****61.25

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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		04212005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0198659	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSS EARLE & BONAN, P.A. 759 S. FEDERAL HWY., SUITE 212 STUART, FL 34994			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPELL, R.S.			NAME	GASSNER, WALTER
STREET ADDRESS	5124 SE SCHOONER OAKS WAY			STREET ADDRESS	5572 SE Schooner Oaks Way
CITY-ST-ZIP	STUART, FL 34997			CITY-ST-ZIP	STUART, FL 34997
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENDETTE, MARIO			NAME	VENDETTE, MARIO
STREET ADDRESS	5662 SE SCHOONER OAKS WAY			STREET ADDRESS	5662 SE Schooner Oaks Way
CITY-ST-ZIP	STUART, FL 34997			CITY-ST-ZIP	STUART, FL 34997
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAUER, GARY			NAME	SMITH, LARRY
STREET ADDRESS	5584 SE SCHOONER OAKS WAY			STREET ADDRESS	5626 SE Schooner Oaks Way
CITY-ST-ZIP	STUART, FL 34997			CITY-ST-ZIP	STUART, FL 34997
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASSNER, ROCHELLE			NAME	
STREET ADDRESS	5572 SE SCHOONER OAKS WAY			STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNON, LORI			NAME	
STREET ADDRESS	5306 SE SCHOONER OAKS WAY			STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 		PRESIDENT		4/28/05 (772) 223-2155	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	