

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90030 032 ****61.25



DOCUMENT # N11635
 1. Entity Name
SCHOONER OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **5351 SE SCHOONER OAKS WAY, STUART FL 34997, US**
 Mailing Address: **SCHOONER OAKS CONDO ASSOC., 5351 SE SCHOONER OAKS WAY, STUART FL 34997, US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.
1st MOORE CR2E037 (10/07)

City & State

4. FEI Number: **65-0198659**
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
**ROSS EARLE & BONAN, P.A.
 759 S. FEDERAL HWY., SUITE 212
 STUART FL 34994**

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name, of registered agent and title (if applicable). (NOTE: Registered Agent signature enclosed when requesting)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	SD	<input type="checkbox"/> Delete
NAME	WARD, HARCOURT(PAUL)	
STREET ADDRESS	5572 SE SCHOONER OAKS WAY	
CITY- ST- ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIEGWALD, RONALD	
STREET ADDRESS	5656 SE SCHOONEROAKS WAY	
CITY- ST- ZIP	STUART FL 34997	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JORDAN, MARY ANN	
STREET ADDRESS	5130 SE SCHOONER OAKS WAY	
CITY- ST- ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Ward	
STREET ADDRESS	5572 SE Schooner Oaks Way	
CITY- ST- ZIP	Stuart, FL 34997	
TITLE	Asst. Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Petteruti	
STREET ADDRESS	5437 SE Schooner Oaks Way	
CITY- ST- ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mary Ann Jordan*

4/3/08

772-283-9847