

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11635

FILED
Mar 31, 2009
Secretary of State

Entity Name: SCHOONER OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5351 SE SCHOONER OAKS WAY
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

5351 SE SCHOONER OAKS WAY
STUART, FL 34997 US

FEI Number: 65-0198659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS EARLE & BONAN, P.A.
759 S. FEDERAL HWY., SUITE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WARD, HARCOURT(PAUL)
Address: 5572 SE SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: SIEGWALD, RONALD
Address: 5656 SE SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

Title: PD () Delete
Name: JORDAN, MARY ANN
Address: 5130 SE SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: WARD, KAREN
Address: 5572 SE SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

Title: AVP () Delete
Name: PETTERUTI, KATHY
Address: 5437 SE SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEYERS, JERIANN
Address: 5518 SE SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STARZINSKI, MARY
Address: 5437 SE SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

Title: D (X) Change () Addition
Name: CARD, JAMES
Address: 5560 SE SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN JORDAN

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date