

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90143 016 ***150.00

DOCUMENT # 621074

1. Corporation Name

SCHOONER VIEW DEVELOPMENT COMPANY

Principal Place of Business

**4451 PINE ISLAND RD
PO BOX 531
MATLACHA FL 33909**

Mailing Address

**4451 PINE ISLAND RD
PO BOX 531
MATLACHA FL 33909**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1979

4. FEI Number

65-0143125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 **POB 531**

Suite, Apt. #, etc.

27 City & State

28 **Matlacha, FL**

Zip Country

29 **33993** **30**

9. Name and Address of Current Registered Agent

**YEATTER, LOREN M.
2451 PINE ISLAND RD NW, P.O. BOX 531
MATLACHA FL 33909**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME ALLEN, BOBBIE L
STREET ADDRESS 38218 CHERRY HILL
CITY-ST-ZIP WESTLAND, MI**

TITLE ☐ DELETE

**STD
NAME AVILES, ELEANOR A.
STREET ADDRESS 425 HANCOCK BDG PKWY #3
CITY-ST-ZIP CAPE CORAL FL**

TITLE ☐ DELETE

**PD
NAME YEATTER, LOREN M.
STREET ADDRESS 4451 PINE ISLAND RD
CITY-ST-ZIP MATLACHA FL**

TITLE ☐ DELETE

**D
NAME ALLEN, PAUL R
STREET ADDRESS 9212 BROOKVILLE
CITY-ST-ZIP PLYMOUTH, MI**

TITLE ☐ DELETE

**D
NAME ALLEN, RAYMOND
STREET ADDRESS 19555 PIERSON
CITY-ST-ZIP NORTHVILLE, MI**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loren M. Yeatter 4/21/99 (941) 283-1007

Date

Daytime Phone #

CR2E034 (11/98)