2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 726874

Entity Name: SCHOONER BAY CONDOMINIUM, INC.

Current Principal Place of Business:

109 PARADISE HARBOUR BOULEVARD
#108
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

109 PARADISE HARBOUR BOULEVARD
#108
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-1533849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOAN, RENEE
109 PARADISE HARBOUR BLVD
#201
NORTH PALM BEACH, FL 33408 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: PRES ( ) Delete
Name: SLOAN, RENEE
Address: 109 PARADISE HARBOUR BLVD #201
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V.P. ( ) Delete
Name: WILLIAMS, THOMAS
Address: 12856 ARROW WOOD DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SEC ( ) Delete
Name: FOUCHET, FRANCES
Address: 109 PARADISE HARBOUR BLVD #506
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TRES ( ) Delete
Name: HENNIGEN, KIMBERLY
Address: 109 PARADISE HARBOUR BLVD #501
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: V.P. ( ) Change (X) Addition
Name: NEWPHER, ARTHUR
Address: 109 PARADISE HARBOUR BLVD. #401
City-St-Zip: NORTH PALM BEACH, FL 33408

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: RENEE SLOAN PRES 03/20/2009

Electronic Signature of Signing Officer or Director — Date