07231999-90007-023-$61.25-$61.25

AMOUNT DUE ON OR BEFORE 05/1/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500.00).

FILED
Jul 23, 1999 8:00 am
Secretary of State
07-23-1999 90007 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 733472

1. Corporation Name
SCHOONER BAY CONDOMINIUM ASSOCIATION OF NORTH FO RT MYERS, INC.

Principal Place of Business	Mailing Address
3480 NORTH KEY DRIVE NORTH FORT MYERS FL 33903	3480 NORTH KEY DRIVE NORTH FORT MYERS FL 33903

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/04/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1732607 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, LOUISE
3480 N KEY DR
STE 114
N FORT MYERS 33903

10. Name and Address of New Registered Agent

81 Name: WALBRECKER, REGENIA
82 Street Address (P.O. Box Number is Not Acceptable): 3490 N. KEY DR. #518
83
84 City: N. FT. MYERS FL 85 Zip Code: 33903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Regenia Walbrecker 7-30-99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	DEICHERT, WILLIAM		1.2 NAME	BOOHER, DOROTHY	
STREET ADDRESS	3490 N KEY DR, #210		1.3 STREET ADDRESS	3460 N. KEY DR. # 414	
CITY-ST-ZIP	N FT MYERS FL		1.4 CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE	SD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PLUTE, GENEVIEVE		2.2 NAME		
STREET ADDRESS	3490 N KEY DR, #411		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT MYERS FL 33903		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GROTH, CLAYTON W		3.2 NAME		
STREET ADDRESS	3490 N KEY DRIVE 106C		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	S T	☐ Change ☒ Addition
NAME	ROTH, CHARLES		4.2 NAME	ROSS RANA	
STREET ADDRESS	3460 N KEY DR, #114		4.3 STREET ADDRESS	3460 N KEY DR #313	
CITY-ST-ZIP	N. FT MYERS FL 33903		4.4 CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	AVRETT, JAMES T		5.2 NAME	SCHNEIDER NICKIE	
STREET ADDRESS	3490 N. KEY DR. #305		5.3 STREET ADDRESS	3460 N KEY DR #315	
CITY-ST-ZIP	N FT MYERS FL 33903		5.4 CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	TD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	URSEM, ROLLAND		6.2 NAME	SMITH LOUISE	
STREET ADDRESS	3460 N KEY DR, #218		6.3 STREET ADDRESS	3490 N KEY D #105	
CITY-ST-ZIP	N FT MYERS FL 33903		6.4 CITY-ST-ZIP	N FT MYERS FL 33903	

CR2E037 (5/99)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 7/1/1999 9416520459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

07231999-90007-023-$61.25-$61.25

601482-90007-5
733472

ADDITIONAL OFFICERS

D
FAIRBAIRN LEWIS
3490 N KEY DR #519
N FT MYERS FL 33903

D
FORDHAM BETTE
3490 N KEY DR #114
N FT MYERS FL 33903