2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90165 013 ****61.25

DOCUMENT # 733472

1. Entity Name

SCHOONER BAY CONDOMINIUM ASSOCIATION OF NORTH FO

Principal Place of Business	Mailing Address
3480 NORTH KEY DRIVE NORTH FORT MYERS FL 33903	3480 NORTH KEY DRIVE NORTH FORT MYERS FL 33903-7028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1732607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALBRECKER, REGENIA 3490 N KEY DR #518 NORTH FORT MYERS FL 33903	Name: RANA ROSS Street Address (P.O. Box Number is Not Acceptable): 3460 N. Key Dr. 313 City: N. Ft Myers FL Zip Code: 33903

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.

SIGNATURE: Rana Ross Pres. DATE: 1/24/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOOHER, DOROTHY 3460 N KEY DR #414 NORTH FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLUTE, GENEVIEVE 3490 N KEY DR, #411 N. FT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROTH, CLAYTON W 3490 N KEY DRIVE 106C N. FT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RANA, ROSS 3460 N KEY DR #313 N. FT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT RANA ROSS 3460 N. Key Dr N. Ft Myers, 33903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHNEIDER, NICKIE 3460 N KEY DR #315 N FT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, LOUISE 3490 N KEY DR #105 NORTH FORT MYERS FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Rana Ross SIGNATURE REQUIRED Rana Ross 1/24/00 997-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #