2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT #733472** 04-26-2004 91052 022 ****61.25 SCHÓONER BAY CONDOMINIUM ASSOCIATION OF NORTH FORT MYERS, INC. Principal Place of Business Mailing Address 3480 NORTH KEY DRIVE 3480 NORTH KEY DRIVE N FORT MYERS, FL 33903 N FORT MYERS, FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Cho-NP CR2E037 (10/03) 4. FEI Number 59-1732607 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7.: Name and Address of New Registered Agent ---6.-Name and Address of Current Registered Agent EVERETT. **GUNTHER, LINDA M** Street Address (P.O. Box Number is Not Acceptable) 3460 NORTH KEY DR - E112 N. FORT MYERS, FL 33903 BURNHAM CT 55 90 FT MYERS 339 o 3 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. I am familiar with, and accept the obligations of registered agent 4-22-03 SIGNATURE red agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to П Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. O Addition TITLE Delete TOLE Change GUNTHER, LINDA M GUNTHER LINDA M 3460 NORTH KEY DR-EIIZ NAME NAME STREET ADDRESS 3460 NORTH KEY DR - E112 STREET ADDRESS N FORT MYERS, FL 33903 CITY-ST-ZIP CITY-ST-ZIP N FT MYERS FL 33903 TITLE Delete TITLE Change ☐ Addition ROSE, EVERETT F 5590 BURNHAM CT ROSE, EVERETT E NAME NAME 5590 BURNHAM CT STREET ADDRESS STREET ADDRESS N FT MYERS 33903 N FORT MYERS, FL 33903 CITY-ST-7IP CITY-ST-ZIP SD TITLE Delete TITLE Change Change ☐ Addition BURNSODE DOROTH-F BURNSIDE, DOROTHY NAME NAME 3460 NORTH KEY DR-E514 STREET ADDRESS 3460 NORTH KEY DR - E514 STREET ADDRESS N FORT MYERS, FL 33903 33903 CITY-ST-ZIP CITY-ST-ZIP FT MYERS UP D TITLE TD Delete ☐ Change **Addition** TITLE CREECH , CHARLES SCHWINGEL, ROBERT A NAME NAME DR-E 510 3460 NORTH KEY STREET ADDRESS 3460 NORTH KEY DR - E219 STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903 CITY-ST-ZIP 33903 MYERS TITLE ☐ Delete TITLE ☐ Addition BANNESTER, ADAM NAME NAME STREET ADDRESS 3490 NORTH KEY DR - C310 STREET ADORESS N FORT MYERS, FL 33903 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition FAIRBAIRN, LEUIS H FAIRBAIRN, LEWIS H NAME NAME 3490 NORTH KEY DR-CS19 STREET ADDRESS 3490 NORTH KEY DR - C519 STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903 CITY-ST-ZIP MYERS FL NFT 12. Thereby 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

FILED

ROSE PRESIDENT

ME OF SIGNING OFFICER OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: