

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2009
Secretary of State**

DOCUMENT# 738062

Entity Name: SCHOONER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% BENSON'S, INC.
12650 WHITEHALL DR.
FORT MYERS, FL 339073619 US

New Principal Place of Business:

Current Mailing Address:

% BENSON'S, INC.
12650 WHITEHALL DR.
FORT MYERS, FL 339073619 US

New Mailing Address:

FEI Number: 59-1742641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: TD () Delete
Name: SCHAAF, WILLIAM
Address: 4498 WINDJAMMER LANE 1B
City-St-Zip: FT MYERS, FL

Title: VD () Delete
Name: DORVAL, NORM
Address: 4493 WINDJAMMER LANE
City-St-Zip: FORT MYERS, FL 33919

Title: PD () Delete
Name: FRYER, WILLIAM
Address: 4507 WINDJAMMER LN
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: APONTE, MARIA
Address: 4503 WINDJAMMER LANE
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: BICKELL, LAVINIA
Address: 4513 WINDJAMMER LANE
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: SIMS, HUGH
Address: 4479 WINDJAMMER LANE 2A
City-St-Zip: FORT MYERS, FL 33919

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: D (X) Change () Addition
Name: BRUNER, LYN
Address: 4491 WINDJAMMER LANE #2A
City-St-Zip: FT MYERS, FL 33919

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

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: WILLIAM FRYER

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date