

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751240

FILED
Jan 05, 2009
Secretary of State

Entity Name: SCHOONER POINT MANAGEMENT, INC.

Current Principal Place of Business:

4801 SAXON DRIVE
NEW SMYRNA BEACH, FL 32069

New Principal Place of Business:

Current Mailing Address:

4801 SAXON DRIVE
NEW SMYRNA BEACH, FL 32069

New Mailing Address:

FEI Number: 59-2060752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JOHN
4801 SAXON DR
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

MEERMAN, STEPHEN M
4801 SAXON DR
NEW SMYRNA BEACH, FL 32169 US

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: STEPHEN M. MEERMAN

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NIGHT, MICK
Address: 4801 SAXON DR
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: VD () Delete
Name: BLAIR, RUSS
Address: 4801 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: STOCKTON, JIM
Address: 4801 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: LYNN, PADER
Address: 4801 SAXON DR
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: TD () Delete
Name: DAVIS, JOHN
Address: 4801 SAXON DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: BLAIR, RUSS
Address: 4801 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Change () Addition
Name: STOCKTON, JIM
Address: 4801 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD (X) Change () Addition
Name: LYNN, PADER
Address: 4801 SAXON DR
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: D (X) Change () Addition
Name: LAGUARDIA, JOHN
Address: 4801 SAXON DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: STEPHEN M. MEERMAN

MGR

01/05/2009

Electronic Signature of Signing Officer or Director

Date