2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2010
Secretary of State

DOCUMENT# 751240

Entity Name: SCHOONER POINT MANAGEMENT, INC.

Current Principal Place of Business:

4801 SAXON DRIVE
NEW SMYRNA BEACH, FL 32069

New Principal Place of Business:

4801 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

4801 SAXON DRIVE
NEW SMYRNA BEACH, FL 32069

New Mailing Address:

4801 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169

FEI Number: 59-2060752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEERMAN, STEPHEN M
4801 SAXON DR
NEW SMYRNA BEACH, FL 32169 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: PD
Name: NIGHT, MICK
Address: 4801 SAXON DR
City-St-Zip: NEW SMYRNA BCH, FL 32169

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

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

Title: VD
Name: LYNN, PUDER
Address: 4801 SAXON DR
City-St-Zip: NEW SMYRNA BCH, FL 32169

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

I hereby 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 all other like empowered.

SIGNATURE: MICK NIGHT PRES 01/09/2010

Electronic Signature of Signing Officer or Director — Date