

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90272 040 \*\*\*\*61.25

**DOCUMENT # 767617**

1. Entity Name  
**SCHOONER BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**% 1011 HOUSE MGMT & REALTY  
16 CHURCH ST  
OSPREY, FL 34229**

Mailing Address  
**% 1011 HOUSE MGMT & REALTY  
16 CHURCH ST  
OSPREY, FL 34229**

*6027211*



2. Principal Place of Business

**c/o Stokes Prop. Mgmt  
Suite, Apt. #, etc.  
3053 51st Street**

3. Mailing Address

**c/o Stokes Prop. Mgmt  
Suite, Apt. #, etc.  
3053 51st Street**

04042006 Chg-NP

CR2E037 (11/05)

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

4. FEI Number

**59-2974125**

Applied For

Not Applicable

Zip

**34234**

Country

**USA**

Zip

**34234**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MICHEL JAMES  
SCHOONER BAY CONDO ASSOC. INC.  
16 CHURCH ST  
OSPREY, FL 34229**

7. Name and Address of New Registered Agent

Name

**Rebecca F. Stokes**

Street Address (P.O. Box Number is Not Acceptable)

**3053 51st Street**

City

**Sarasota**

**FL**

Zip Code  
**34234**

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.

SIGNATURE

*Rebecca F. Stokes*

**Rebecca F. Stokes**

**4/1/2006**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☒ Delete  
NAME **MICHEL JAMES**  
STREET ADDRESS **6792 SCHOONER BAY CIR**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **HORNER, JACK**  
STREET ADDRESS **6658 SCHOONER BAY CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **Vice-President/Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **CABRAL, SAM**  
STREET ADDRESS **6626 SCHOONER BAY CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **President/Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ASD** ☒ Delete  
NAME **MICHEL JAMES**  
STREET ADDRESS **16 CHURCH STREET**  
CITY-ST-ZIP **OSPREY, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
NAME **James Hardie**  
STREET ADDRESS **6656 Schooner Bay Circle**  
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**(941) 355-4880**

**SIGNATURE:**

*Jack Horner*

**Vice-President-Jack Horner 4/1/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #