

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767617

FILED
Mar 31, 2009
Secretary of State

Entity Name: SCHOONER BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O STOKES PROP. MGMT
3053 51ST STREET
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

C/O STOKES PROP. MGMT
3053 51ST STREET
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-2974125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, REBECCA F
3056 51ST STREET
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

STOKES, REBECCA F
3053 51ST STREET
SARASOTA, FL 34234 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:

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HORNER, JACK
Address: 6658 SCHOONER BAY CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: PD () Delete
Name: CABRAL, SAM
Address: 6626 SCHOONER BAY CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: ST () Delete
Name: HARDIE, JAMES
Address: 6656 SCHOONER BAY CIR
City-St-Zip: SARASOTA, FL 34231

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:

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: SAM CABRAL

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date