# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 17, 2004 8:00 am**
**Secretary of State**
04-12-2004 90288 024 ****61.25

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DOCUMENT # N03000003309

1. Entity Name
SCHOONER COVE VILLAS II CONDOMINIUM ASSOCIATION, INC.

66422392

| Principal Place of Business | Mailing Address |
|---|---|
| 942 N COLLIER BLVD<br>MARCO ISLAND, FL 34145 | 942 N COLLIER BLVD<br>MARCO ISLAND, FL 34145 |

03232004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| PO Box 380758 | PO Box 380758 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Murdock, Fl. | City & State: Murdock, Fl |
| Zip: 33938 Country: US | Zip: 33938 Country: US |

4. FEI Number 20-1121749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WISEMAN, TAMELA EADY<br>350 FIFTH AVENUE SUITE 203<br>NAPLES, FL 34102 | Name: Richard, Kristina<br>Street Address (P.O. Box Number is Not Acceptable): 23081 Harborview Rd<br>City: Port Charlotte FL Zip Code: 33980 |

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: Kristine Wuhard 3/23/04
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, 2004**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSTD<br>Boff, Joseph D<br>942 N. Collier Blvd<br>Marco Island, Fl. 34145 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Oyer, Steven D<br>942 N. Collier Blvd<br>Marco Island, Fl. 34145 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Stanley, Jack F<br>2660 Airport Rd. South<br>Naples, Fl. 34112 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** [signature] JOSEPH D. BOFF 4/2/04 239-394-9107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #