



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000003309 1. Entity Name SCHOONER COVE VILLAS II CONDOMINIUM ASSOCIATION, INC.				FILED 07 FEB -8 PM 2:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business PO BOX 380758 MURDOCK, FL 33938		Mailing Address PO BOX 380758 MURDOCK, FL 33938			
2. Principal Place of Business - No P.O. Box # 1431 AQUI ESTA DRIVE Suite, Apt. #, etc.		3. Mailing Address 100 Sullivan St Ste 112 Suite, Apt. #, etc.		REINSTATEMENT 06-07	
City & State PUNTA GORDA, FL		City & State PUNTA GORDA FL		4. FEI Number 20-1121749	
Zip 33950		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINHARD, KRISTINE 23081 HARBORVIEW RD PORT CHARLOTTE, FL 33980			7. Name and Address of New Registered Agent Name JOHN F. GREENE Street Address (P.O. Box Number is Not Acceptable) 100 Sullivan St Ste 112 City PUNTA GORDA FL Zip Code 33950		
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 <u><i>John F. Greene</i></u> 1/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	PSTD BOFF, JOSEPH D 942 N COLLIER BLVD MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAYNE Bernard 7 OAK AVE SALEM NH 03079	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OYER, STEVEN D 942 N COLLIER BLVD MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARD RILEY 1431 AQUI ESTA DR #311 PUNTA GORDA FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, JACK F 2660 AIRPORT RD S NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTER MILLER 1431 AQUI ESTA DR #312 PUNTA GORDA FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE <u><i>John F. Greene</i></u> 1/24/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					