


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

04-12-2004 90288 026 ****61.25

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DOCUMENT # N03000003310	
1. Entity Name SCHOONER COVE VILLAS MASTER ASSOCIATION, INC.	

Principal Place of Business 942 NORTH COLLIER BLVD MARCO ISLAND, FL 34145	Mailing Address 942 NORTH COLLIER BLVD MARCO ISLAND, FL 34145
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2. Principal Place of Business PO Box 380758	3. Mailing Address 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

03232004	Chg-NP	CR2E037 (10/03)
4. FEI Number 16-1655378	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WISEMAN, TAMELA EADY 350 FIFTH AVENUE SOUTH SUITE 203 NAPLES, FL 34102	
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7. Name and Address of New Registered Agent Name: Wishard Kristine Street Address (P.O. Box Number Is Not Acceptable): 23081 Harborview Rd. City: Port Charlotte FL Zip Code: 33980	
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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 Wishard	DATE: 3/23/04
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DPST NAME: BOFF, JOSEPH D STREET ADDRESS: 942 NORTH COLLIER BLVD CITY-ST-ZIP: MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OYER, STEVEN D STREET ADDRESS: 942 NORTH COLLIER BLVD CITY-ST-ZIP: MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: STANLEY, JACK F STREET ADDRESS: 2660 AIRPORT ROAD SOUTH CITY-ST-ZIP: NAPLES, FL 34112	<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
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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 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: JOSEPH D. BOFF	DATE: 4/2/04
Daytime Phone # (239) 394-9107	