

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 21 PM 12:42

REINSTATEMENT 06-07



01252007 REIN-NP CR2E099 (1/07)

4. FEI Number 16-1655378 Applied For Not Applicable

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

DOCUMENT # N03000003310

1. Entity Name
SCHOONER COVE VILLAS MASTER ASSOCIATION, INC.



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 #
100 Sullivan St
Suite, Apt. #, etc.
112

3. Mailing Address
100 Sullivan St
Suite, Apt. #, etc.
112

City & State
Punta Gorda FL
Zip 33950 Country USA

City & State
Punta Gorda FL
Zip 33950 Country USA

6. Name and Address of Current Registered Agent
WISHARD, KRISTINE
23081 HARBORVIEW RD.
PORT CHARLOTTE, FL 33980

7. Name and Address of New Registered Agent
Name Joan 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 Joan Greene DATE 1/26/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DPST	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOFF, JOSEPH D			NAME	WAYNE Bernard		
STREET ADDRESS	942 NORTH COLLIER BLVD			STREET ADDRESS	70AK AVE		
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	SALEN NH 03079		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OYER, STEVEN D			NAME	RICHARD RILEY		
STREET ADDRESS	942 NORTH COLLIER BLVD			STREET ADDRESS	1431 AQUA ESTA DR # 311		
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	PUNTA GORDA FL 33950		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STANLEY, JACK F			NAME	WALTER MILLER		
STREET ADDRESS	2660 AIRPORT ROAD SOUTH			STREET ADDRESS	1431 AQUA ESTA DR # 312		
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	PUNTA GORDA FL 33950		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: [Signature] DATE: 1/25/2007
Signature and typed or printed name of signing officer or director