

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000212

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** SCHOONER LANDING OF AMELIA ISLAND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

463499 SR 200  
YULEE, FL 32097

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1987  
YULEE, FL 320411987

**New Mailing Address:**

**FEI Number:** 51-0579007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALPHIN REAL ESTATES SERVICES, INC.  
1880 S 14TH ST  
STE 103  
AMELIA ISLAND, FL 32034 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DERINGER, CHARLES  
Address: 2522 SAFE HARBOR LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S ( ) Delete  
Name: FORRAND, STEVEN  
Address: 11005 BLASIU RD  
City-St-Zip: JACKSONVILLE, FL 322268059

Title: T ( ) Delete  
Name: MATERNIAK, JOHN  
Address: 6 UNIVERSITY DR  
City-St-Zip: MERCERVILLE, NJ 08619

**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: CHARLES DERINGER

P

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date