

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90011 013 ****61.25

DOCUMENT # N05000010989 1. Entity Name SCHEIDEL COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1671 FRANCIS AVENUE ATLANTIC BCH, FL 32233			Mailing Address 1671 FRANCIS AVENUE ATLANTIC BCH, FL 32233		
<i>Scheidel Court Condo Assoc</i>					
2. Principal Place of Business - No P.O. Box # 1118 Scheidel Court		3. Mailing Address P.O. Box 50218			
Suite, Apt. #, etc. Atlantic Beach		Suite, Apt. #, etc. Jacksonville Bch			
City & State FL 32		City & State FL 32			
Zip FL		Country Duvul		4. FEI Number 20-4409337	
Zip 32240		Country Duvul		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, BERT C 1660 PRUDENTIAL DRIVE STE 203 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name LAURIE Leker Street Address (P.O. Box Number is Not Acceptable) 1118 Scheidel Court City Atlantic Beach FL Zip Code 32233	
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 <i>Laurie Leker</i> 2-22-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, LATARSHIA <input checked="" type="checkbox"/> Delete 1112 SCHEIDEL CRT ATLANTIC BCH, FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gail Crumbley 1110 Scheidel Court Atlantic Beach	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete BASS, ELIANA 1104 SCHEIDEL CRT ATLANTIC BEACH, FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Sox <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1108 Scheidel Court Atlantic Beach, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete CRUMBLEY, GAIL 1110 SCHEIDELL CRT ATLANTIC BEACH, FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laurie Leker Sec/TRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1118 Scheidel Court Atlantic Beach, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete LEKER, LAURIE 1118 SCHEIDEL CRT ATLANTIC BEACH, FL 32233		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	
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: <i>Laurie Leker</i> 2-22-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

#2 form 1st Form Dec 27, 2007

ATTACHMENT

Scheidel Court Condominium Association
P.O. Box 50218
Jacksonville Beach, FL 32240
Scheidelcourt@aol.com

40034664
105000010989

February 22, 2008

Dear Sir:

As documented you can see per our original conversations and letters we originally file all the documentation on December 27. You will find a copy of our check we were given the wrong fee over the phone along with all our letters and e-mail pertaining to our Condominium Association.

Please rectify the situation ASAP and send us the updated information along with acknowledgement of receipt of our check.

Sincerely yours.

Laurie Leker
Secretary/Treasurer
Scheidel Court Condominium Association

Laurie Leker 2-22-08

2nd Hr

ATTACHMENT

Scheidel Court Condominium Association
P.O. Box 50218
Jacksonville Beach, FL 32240
Scheidelcourt@aol.com

40034664
#105000010989

December 27, 2007

Attention:

Department of Business and Professional Regulation

— Division of Florida Land sales, Condominiums, and Mobile homes

1940 North Monroe Street

Tallahassee, Florida 32399-1004

In Regards to # PR71860

Scheidel Court Condominiums

Please mail all future information forms, filing forms or any other item to our P.O. Box

Mail information to attention to Gail Crumbley President and Laurie Leker Secretary /
Treasure

At P.O. Box 50218
Jacksonville Beach, FL 32240

63-78937-2630

SCHEIDEL COURT CONDOMINIUM ASSOCIATION, INC.
(904) 241-1222

ATTACHMENT

DATE 12/07/07

**PAY
TO THE
ORDER OF**

44

Will not be used

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DOLLARS

COMMUNITY FIRST CREDIT UNION
JACKSONVILLE BEACH, FL 32250

NOT NEGOTIABLE

RR71860

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140034664

V05 0000 10989

ATTACHMENT

Page 1 of 2

Subj: RE: question regarding our association
Date: 2/21/2008 2:23:40 PM Eastern Standard Time
From: corphelp@dos.state.fl.us
To: Flifemgmt@aol.com

40034664
N05000010989

copied below is the letter that was mailed to you about this. If you have any questions, please call the number shown in the letter below.

Thank you.

De Rivers
Internet Access
Division of Corporations

Please take a few minutes to provide feedback on the quality of service you received from our staff. The Florida Department of State values your feedback as a customer. Kurt Browning, Florida's Secretary of State, is committed to continuously assessing and improving the level and quality of services provided to you. Simply click on the link to the "DOS Customer Satisfaction Survey." Thank you in advance for your participation. DOS Customer Satisfaction Survey

January 24, 2008

CHEIDEL COURT CONDOMINIUM ASSOCIATION, INC.
P.O. BOX 50218
JACKSONVILLE BEACH, FL 32240

SUBJECT: SCHEIDEL COURT CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000010989

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION Letter number: 308A00005354

/r/h
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

Thursday, February 21, 2008 America Online: Fl life mgmt