

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36966

FILED
Jun 08, 2006
Secretary of State

Entity Name: SCHOONER PLACE AT GULF HARBORS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5328 CAPTAIN'S COURT
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5328 CAPTAIN'S COURT
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3004608 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HINES, KATHERINE S PRESIDE
5328 CAPTAIN'S COURT
NEW PORT RICHEY, FL 34652 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: PD () Delete
Name: HINES, KATHERINE
Address: 5328 CAPTAINS COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: GRAVES, BARBARA
Address: 5336 CAPTAINS COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: DEREMER, PATRICIA
Address: 5320 CAPTAINS COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

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 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: KATHERINE HINES

PD

06/08/2006

Electronic Signature of Signing Officer or Director

Date