

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36966

FILED
May 11, 2009
Secretary of State

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

Current Principal Place of Business:

5320 CAPTAIN'S COURT
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5320 CAPTAIN'S COURT
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3004608 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

DEREMER, PATRICIA S TREASUR
5320 CAPTAIN'S COURT
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

DEREMER, PATRICIA S PRES
5320 CAPTAIN'S COURT
NEW PORT RICHEY, FL 34652 US

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: PATRICIA S DEREMER

05/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEREMER, PATRICIA S INT. PD
Address: 5320 CAPTAINS CT
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEREMER, PATRICIA S PRES
Address: 5320 CAPTAINS CT
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: KUHN, TRISTA TREASUR
Address: 5351 CAPTAINS COURT
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: PATRICIA S DEREMER

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date