2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000023

1. Entity Name
SCHOONER LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
139 DEERPATCH LANE APALACHICOLA, FL 32320	139 DEERPATCH LANE APALACHICOLA, FL 32320

02022006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3370872
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENOIT, LEE G
139 DEERPATCH LANE
APALACHICOLA, FL 32320

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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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000423342
02/18/06-80003-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHERMAN, DOUGLAS
STREET ADDRESS	2 FRANKLIN BLVD
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328
TITLE	TD
NAME	BENOIT, LEE
STREET ADDRESS	2 FRANKLIN BLVD
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328
TITLE	SD
NAME	ARMISTEAD, WALTER J
STREET ADDRESS	2 FRANKLIN BLVD
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: LEE G. BENOIT 2-2-06 850 653.9813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #