2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2016
Secretary of State
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Entity Name: SCHOONER BAY CONDOMINIUM ASSOCIATION OF NORTH FORT MYERS, INC.

Current Principal Place of Business:

3480 NORTH KEY DRIVE
N FORT MYERS, FL 33903

Current Mailing Address:

3480 NORTH KEY DRIVE
N FORT MYERS, FL 33903

FEI Number: 59-1732607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND ROAD
UNIT 8-D
CAPE CORAL, FL 33909 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	WOODARD, DOUGLAS
Address	1490 NE PINE ISLAND RD 8D
City-State-Zip:	CAPE CORAL FL 33909

Title	VP
Name	CONLON, MIKE
Address	1490 NE PINE ISLAND RD. 8D
City-State-Zip:	CAPE CORAL FL 33909

Title	D
Name	STUMO, TRUMAN
Address	1490 NE PINE ISLAND RD 8D
City-State-Zip:	CAPE CORAL FL 33909

Title	DIRECTOR
Name	ALLISON, KEVIN
Address	1490 NE PINE ISLAND RD 8D
City-State-Zip:	CAPE CORAL FL 33909

Title	TREASURER
Name	WILLIAMS, DIANNE
Address	1490 NE PINE ISLAND RD 8D
City-State-Zip:	CAPE CORAL FL 33909

Title	SECRETARY
Name	TOFURI, RICHARD
Address	1490 NE PINE ISLAND ROAD 8D
City-State-Zip:	CAPE CORAL FL 33909

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS WOODARD TREASURER 04/20/2016

Electronic Signature of Signing Officer/Director Detail — Date