## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 733472** 

Entity Name: SCHOONER BAY CONDOMINIUM ASSOCIATION OF NORTH

FORT MYERS, INC.

**Current Principal Place of Business:** 

C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD. SUITE 101

FORT MYERS, FL 33912

**Current Mailing Address:** 

C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD. SUITE 101 FORT MYERS, FL 33912 US

FEI Number: 59-1732607 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD. SUITE 101 FORT MYERS, FL 33912 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: HEATHER BROKAW 08/01/2024

Electronic Signature of Registered Agent Date

**FILED** 

Aug 01, 2024

Secretary of State 0882821071CC

Officer/Director Detail:

Title PRESIDENT Title VP

Name MILLER, MAUREEN E. Name DEPOSITAR, TODD

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

13461 PARKER COMMONS BLVD. 13461 PARKER COMMONS BLVD. SUITE 101 SUITE 101

TE 101 SUITE 1

City-State-Zip: FORT MYERS FL 33912 City-State-Zip: FORT MYERS FL 33912

Title TREASURER Title DIRECTOR

Name CONLON, MICHAEL J. Name RAYMER, JOHN A.

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD. 13461 PARKER COMMONS BLVD.

SUITE 101 SUITE 101

City-State-Zip: FORT MYERS FL 33912 City-State-Zip: FORT MYERS FL 33912

TitleDIRECTORTitleDIRECTORNameBIELAWA, RICHARDNameBEBEE, SUSAN

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

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SUITE 101 SUITE 101

City-State-Zip: FORT MYERS FL 33912 City-State-Zip: FORT MYERS FL 33912

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: MAUREEN E. MILLER PRESIDENT 08/01/2024