

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733472

Entity Name: SCHOONER BAY CONDOMINIUM ASSOCIATION OF NORTH
FORT MYERS, INC.**FILED**
Apr 14, 2017
Secretary of State
CC8850614768**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
125 SW 3RD PLACE
STE #207
CAPE CORAL, FL 33991 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	PRESIDENT
Name	CONLON, MIKE
Address	C/O SILVERCRESTED MANAGEMENT P O BOS 1848
City-State-Zip:	FORT MYERS FL 33902

Title	D
Name	STUMO, TRUMAN
Address	C/O SILVERCRESTED MANAGEMENT P O BOX 1848
City-State-Zip:	FORT MYERS FL 33902

Title	VP
Name	SCHULTZ, MAYNARD
Address	C/O SILVERCRESTED MANAGEMENT P O BOX 1848
City-State-Zip:	FORT MYERS FL 33902

Title	TREASURER
Name	BRICE, ROBERT
Address	C/O SILVERCRESTED MANAGEMENT P O BOX 1848
City-State-Zip:	FORT MYERS FL 33902

Title	SECRETARY
Name	ISLES, DONALD
Address	C/O SILVERCRESTED MANAGEMENT P O BOX 1848
City-State-Zip:	FORT MYERS FL 33902

Title	DIRECTOR
Name	AKINS, DOUGLAS
Address	C/O SILVERCRESTED MANAGEMENT P O BOX 1848
City-State-Zip:	FORT MYERS FL 33902

Title	DIRECTOR
Name	HOHM, BYRON
Address	C/O SILVERCRESTED MANAGEMENT P O BOX 1848
City-State-Zip:	FORT MYERS FL 33902

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: MIKE CONLON**PRESIDENT****04/14/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date