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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **704039** **(7)**

1. Corporation Name
**SNEAD ISLAND COMMUNITY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| SNEAD ISLAND<br>P. BOX 1253<br>METTO FL 34221<br>US | SNEAD ISLAND<br>P.O. BOX 1253<br>PALMETTO FL 34220-1253<br>US |

3. Date Incorporated or Qualified: 05/15/1962
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PERKINS, ELEANOR B.
4302 POMPANO LANE
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name: BADEN, SUZANNE
82 Street Address (P.O. Box Number is Not Acceptable): 4606 17TH ST. W.
83 City: PALMETTO,
84 FL 85 Zip Code: 34221

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Suzanne S Baden, Treasurer — 4/17/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARPER, ROBERT G<br>4208 MARLIN LANE<br>PALMETTO FL | ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Director<br>Nancy Hitchins<br>1423 51st Ave Dw.<br>Palmetto, FL 34221 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>NORRIE, JOHN<br>5521 17TH ST W<br>PALMETTO FL | ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | President<br>Young, Gregary<br>4606 Sailfish Lane<br>Palmetto, FL 34221 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>PERKINS, ELEANOR B<br>4302 POMPANO LANE<br>PALMETTO FL | ☑ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Treasurer<br>BADEN, SUZANNE<br>4606 17th St. W.<br>Palmetto, FL 34221 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCDONALD, JOHN P<br>4118 POMPANO LANE<br>PALMETTO FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Vice President<br>McDonald, John<br>4118 Pompano Lane<br>Palmetto, FL 34221 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MATHES, LEIGH A<br>1605 48TH AVENUE W<br>PALMETTO FL | ☑ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Secretary<br>Cindy Blenker<br>4212 Pinfish Lane<br>Palmetto, FL 34221 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STEPHENSON, JAMES F JR<br>4317 PINFISH LANE<br>PALMETTO FL | ☑ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | Director<br>Marie Avery<br>4326 15th Way W.<br>Palmetto, FL 34221 | ☐ Change ☑ Addition |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Suzanne S Baden, Treas. 4/17/97 (941) 722-2370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0082224