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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 P.O. BOX 1253 PALMETTO FL 34221 US	SNEAD ISLAND P.O. BOX 1253 PALMETTO FL 34221 US

3. Date Incorporated or Qualified: 05/15/1962

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

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)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BADEN, SUZANNE
4606 17TH ST W.
PALMETTO FL 34221

need to change Registered agent

10. Name and Address of New Registered Agent

81 Name: LOUISE AUGER

82 Street Address (P.O. Box Number is Not Acceptable): 4518 DOLPHIN LANE

83

84 City: PALMETTO 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: Louise Auger (LOUISE AUGER) DATE: 6/9/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	HICHINS, NANCY		1.2 NAME	GRACE MATTOCKS	
STREET ADDRESS	1423 52ST AVE. DR. W.		1.3 STREET ADDRESS	4315 POMPANO LANE	
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	P	☑ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME	YOUNG, GREGORY		2.2 NAME	ERIC WILDS	
STREET ADDRESS	4506 SAILFISH LANE		2.3 STREET ADDRESS	5619 17TH ST W.	
CITY-ST-ZIP	PALMETTO FL		2.4 CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	☑ DELETE	3.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME	BADEN, SUZANNE		3.2 NAME	LOUISE AUGER	
STREET ADDRESS	4606 17TH ST. W.		3.3 STREET ADDRESS	4518 DOLPHIN LANE	
CITY-ST-ZIP	PALMETTO FL		3.4 CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, JOHN P		4.2 NAME		
STREET ADDRESS	4118 POMPANO LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		4.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLENKER, CINDY		5.2 NAME		
STREET ADDRESS	4212 PINFISH LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AVERY, MARIE		6.2 NAME		
STREET ADDRESS	4926 15TH WAY W.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: John G. Young 5/29/98 (941)722-7781