

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-11-2002 90202 040 ****61.25

DOCUMENT # 704039

1. Entity Name

SNEAD ISLAND COMMUNITY, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AUGER, LOUISE
4518 DOLPHIN LANE
PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name **JAN McDONALD**

Street Address (P.O. Box Number is Not Acceptable)

4118 POMPANO LANE

City **Palmetto**

FL

Zip Code **34221**

8. 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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

1/22/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	SHELLY, DIANE	
STREET ADDRESS	5619 17TH ST W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	S	☐ Delete
NAME	WILLARD, CATHY	
STREET ADDRESS	5519 17TH ST W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	P	☐ Delete
NAME	MACDONALD, JAN	
STREET ADDRESS	4118 POMPANO LANE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VP	☒ Delete
NAME	MCDONALD, JOHN P	
STREET ADDRESS	4118 POMPANO LANE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	T	☒ Delete
NAME	AUGER, LOUISE	
STREET ADDRESS	4518 DOLPHIN LANE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	☒ Delete
NAME	AVERY, MARIE	
STREET ADDRESS	4326 15TH WAY W.	
CITY-ST-ZIP	PALMETTO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SHELLY, DIANE	
STREET ADDRESS	5619 17TH ST W.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	V. Pres.	☐ Change ☒ Addition
NAME	Dorothy Fletcher	
STREET ADDRESS	4345 15th Way W.	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	JAN McDONALD	
STREET ADDRESS	4118 POMPANO LANE	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	Secretary	☐ Change ☐ Addition
NAME	Cathy Willard	
STREET ADDRESS	5519 17th St W.	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	D	☐ Change ☒ Addition
NAME	Joseph Schroeder	
STREET ADDRESS	4336 14th St Cir W.	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN
MCDONALD**

1/22/02

(941) 722-9695

Day

Daytime Phone #

CFR2037 (9/01)