2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004
Secretary of State

DOCUMENT# 704039

Entity Name: SNEAD ISLAND COMMUNITY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YETZER, CAROL
4397 POMPANO LANE
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLETCHER, DOROTHY
Address: 4345 15TH WAY W
City-St-Zip: PALMETTO, FL 34221

Title: S ( ) Delete
Name: WILLARD, CATHY
Address: 5519 17TH ST W
City-St-Zip: PALMETTO, FL 34221

Title: TD ( ) Delete
Name: YETZER, CAROL
Address: 4397 POMPANO LANE
City-St-Zip: PALMETTO, FL 34221

Title: VP ( ) Delete
Name: PESSINA, LISA
Address: 4349 POMPANO LANE
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete
Name: VELTRI, JOHN
Address: 4705 17TH ST W
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete
Name: SCHROEDER, JOSEPH
Address: 4336 14TH ST CIR W
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROL YETZER TD 07/08/2004
Electronic Signature of Signing Officer or Director Date