2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 704039

Entity Name: SNEAD ISLAND COMMUNITY, INC.

Current Principal Place of Business:

SNEAD ISLAND
P.O. BOX 1253
PALMETTO, FL 34220 US

New Principal Place of Business:

SNEAD ISLAND
4322-15TH WAY W
PALMETTO, FL 34220 US

Current Mailing Address:

SNEAD ISLAND
P.O. BOX 1253
PALMETTO, FL 34220 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:

SCHMIDT, KAROL
4322-15TH WAY W
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:	TD	( ) Delete
Name:	USELTON, VICKI	
Address:	1830 AMBERWYND CIR	
City-St-Zip:	PALMETTO, FL 34221	
Title:	P	( ) Delete
Name:	SCHMIDT, KAROL	
Address:	4322 15TH WAY W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	VP	( ) Delete
Name:	HARRIS, MAGGIE	
Address:	1818 AMBER WAY CIR W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	D	( ) Delete
Name:	BARNETT, LYNN	
Address:	1034 AMBER WYND CIR W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	D	( ) Delete
Name:	FLETCHER, DOROTHY	
Address:	4335 15TH WAY W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	D	( ) Delete
Name:	SONNENBURG, KAY	
Address:	4318-15TH WAY 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 exemption stated in Chapter 119, 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: KAROL SCHMIDT P 02/05/2009
Electronic Signature of Signing Officer or Director — Date