2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# 707062

Entity Name: SNUG HARBOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1610 BAYSHORE DRIVE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

1610 BAYSHORE DRIVE
COCOA BEACH, FL 32931

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:

LESLIE, CLAUDE E. JR.
1610 BAYSHORE DRIVE
COCOA BEACH, FL 32931 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:	D	( ) Delete
Name:	WILLIAMS, MICHELE	
Address:	1480 BAYSHORE DR.	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	T	( ) Delete
Name:	LESLIE, CLAUDE,	
Address:	1610 BAYSHORE DR.	
City-St-Zip:	COCOA BEACH, FL	
Title:	D	( ) Delete
Name:	ROMANO, FRANK,	
Address:	1748 BAYSHORE DR	
City-St-Zip:	COCOA BEACH, FL	
Title:	D	( ) Delete
Name:	MATTHEWS, LYNN	
Address:	31 W POINT DR	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	S	( ) Delete
Name:	LEE, JIM	
Address:	1722 BAYSHORE DR.	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	D	( ) Delete
Name:	MATHIAS, DAVID	
Address:	22 WEST POINT DRIVE	
City-St-Zip:	COCOA BEACH, FL 32931	

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: LYNN MATTHEWS D 04/29/2004
Electronic Signature of Signing Officer or Director — Date