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Apr 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731420

1. Corporation Name
- SNAPPER CREEK LAKES CLUB, INC.

Principal Place of Business 11190 SNAPPER CREEK ROAD P.O. BOX 560651 MIAMI FL 33156 US	Mailing Address P O BOX 560651 MIAMI FL 33256 0651 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 11190 Snapper Creek Rd.	12/19/1974
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip Country	28 Coral Gables, FL	59-1002612
24	29 33156-421630	USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

ADMIRE, JACK
2511 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		(NOTE: Registered Agent signature required when reinstating)		DATE
Signature, typed or printed name of registered agent and title if applicable.				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATTLE, MICHAEL W.	1.2 NAME		
STREET ADDRESS	10745 SW 53RD AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONNER, R. LAWRENCE	2.2 NAME		
STREET ADDRESS	10201 S.W. 55TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D S-T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TILLET, BILL R	3.2 NAME		
STREET ADDRESS	10905 SNAPPER CREEK RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPILLIS, ELECTRA	4.2 NAME		
STREET ADDRESS	10700 SNAPPER CREEK RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIRSCH, M.D. NATHAN B.	5.2 NAME		
STREET ADDRESS	10801 SNAPPER CREEK RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		6.2 NAME	D	
STREET ADDRESS		6.3 STREET ADDRESS	Hector Betancourt	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	10200 Old Cutler Road Coral Gables, FL 33156	

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, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (305) 661-0505

Date Daytime Phone #