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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 12:04

DOCUMENT # 733191 (1)
1. Corporation Name
SNAPPER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
6901 SW 116TH CT. MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1975	3a. Date of Last Report 08/10/1994
4. FEI Number 59-1688688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	2b
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent
BECKER & POLIAKOFF
6161 BLUE LAGOON DR.
SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name: HYMAN & KAPLAN - Joseph H. Ganzuzza
82 Street Address (P.O. Box Number is Not Acceptable): 44 WEST FLAGLER
83 14th FLOOR - COURT HOUSE TOWER
84 City: MIAMI FL 85 Zip Code: 33130

11. Pursuant to the provisions of Sections 607.0702 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Joseph H. Ganzuzza* Joseph H. Ganzuzza 2/6/95
Signature, full or partial name of registered agent and title, if any. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ROBBINS, HELEN
STREET ADDRESS	6814 SW 114 PL., H.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ROMAN, JESSICA
STREET ADDRESS	6814 SW 114 PL., A.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	GILL, JEANNE
STREET ADDRESS	6323 SW 116TH PL UNIT F
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GILL, JEANNE
1.3 STREET ADDRESS	6323 SW 116 PL - F
1.4 CITY - ST - ZIP	MIAMI, FL 33173
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DYKSTRA, RICHARD
2.3 STREET ADDRESS	6907 SW 115 PL - A
2.4 CITY - ST - ZIP	MIAMI, FL 33173
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HABER, JOHANNAH
3.3 STREET ADDRESS	6455 SW 116 PL - G
3.4 CITY - ST - ZIP	MIAMI, FL 33173
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KAUFMAN, LOIS A.
4.3 STREET ADDRESS	6455 SW 116 PL - A
4.4 CITY - ST - ZIP	MIAMI, FL 33173
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FULLER, MIKE
5.3 STREET ADDRESS	7024 SW 114TH PL - B
5.4 CITY - ST - ZIP	MIAMI, FL 33173
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GOEDERT, COLLEEN
6.3 STREET ADDRESS	7014 SW 114 PL - G
6.4 CITY - ST - ZIP	MIAMI, FL 33173

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(1)(b), 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.

SIGNATURE: *Lois A. Kaufman* Lois A. KAUFMAN 1/30/95 (305) 595-7869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

D
LEIGH, KAREN
6241 SW 116 PL - C
MIAMI, FL 33173