

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 08 1996 8:00 am  
Secretary of State

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



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

3. Date Incorporated or Qualified: **06/30/1975**  
3a. Date of Last Report: **02/13/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	59-1688688	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>HYMAN &amp; KAPLAN</b> <b>44 WEST FLAGLER</b> <b>14TH FLOOR COURTHOUSE TOWER</b> <b>MIAMI FL 33130</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. Zip Code

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: *Jeanne Beelat for Gary Ross, Hyman & Kaplan* DATE: **2/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GILL, JEANNE		1.2 NAME: BEELAT, JEANNE	
STREET ADDRESS: 6323 SW 116 PLACE - F		1.3 STREET ADDRESS: 6323 SW 116 PL - F	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP: MIAMI FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROMAN, JESSICA		2.2 NAME: DYKSTRA, RICHARD	
STREET ADDRESS: 6814 SW 114 PL., A.		2.3 STREET ADDRESS: 6907 SW 115 PL - A	
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP: MIAMI FL	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GILL, JEANNE		3.2 NAME: LYN, REGINALD	
STREET ADDRESS: 6323 SW 116TH PL UNIT F		3.3 STREET ADDRESS: 6927 SW 115 PL - C	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP: MIAMI FL	
TITLE: VP	<input type="checkbox"/> DELETE	4.1 TITLE: TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DYKSTRA, RICHARD		4.2 NAME: KAUFMAN, LOIS A.	
STREET ADDRESS: 6907 SW 115 PL - A		4.3 STREET ADDRESS: 6455 SW 116 PL - A	
CITY-ST-ZIP: MIAMI FL		4.4 CITY-ST-ZIP: MIAMI FL	
TITLE: S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HABER, JOHANNAH		5.2 NAME: POFFENBARGER, BONNIE	
STREET ADDRESS: 6455 SW 116 PL - G		5.3 STREET ADDRESS: 6874 SW 114 PL - A	
CITY-ST-ZIP: MIAMI FL		5.4 CITY-ST-ZIP: MIAMI, FL	
TITLE: T	<input type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KAUFMAN, LOIS A.		6.2 NAME: TOLEDO, GILBERT	
STREET ADDRESS: 6455 SW 116 PL - A		6.3 STREET ADDRESS: 6624 SW 114 PL - A	
CITY-ST-ZIP: MIAMI FL		6.4 CITY-ST-ZIP: MIAMI FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jeanne Beelat* JEANNE BEELAT, PRES. DATE: **2/1/96** (305) 595-7569

CR2E037 (12/95)