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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733191 (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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/30/1975	
4. FEI Number 59-1688688	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HYMAN & KAPLAN 150 W. FLAGLER ST. STE 2701 MIAMI FL 33130	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS	
TITLE	P XX DELETE
NAME	ELAINE HILL
STREET ADDRESS	6701 S.W. 116 CT., #401
CITY-ST-ZIP	MIAMI FL
TITLE	T XX DELETE
NAME	PAUL SWANSON
STREET ADDRESS	7009 S.W. 115 PLACE #E
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	JACK WATKINS
STREET ADDRESS	6819 S.W. 114 PLACE #E
CITY-ST-ZIP	MIAMI FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	GILBERT, TOLEDO
STREET ADDRESS	8824 S.W. 116TH PLACE #A
CITY-ST-ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	POFFENBAUGER, BONNIE
STREET ADDRESS	8874 SW 114 PL A
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VIATOR BIANCHI
STREET ADDRESS	8211 SW 116 PLACE #A
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change XX Addition
1.2 NAME	STOLFO, LINDA K.
1.3 STREET ADDRESS	6527 SW 116 PL #B
1.4 CITY-ST-ZIP	MIAMI, FL 33173
2.1 TITLE	VP <input type="checkbox"/> Change XX Addition
2.2 NAME	ALONSO, CARMEN
2.3 STREET ADDRESS	11557 SW 64 ST #H
2.4 CITY-ST-ZIP	MIAMI, FL 33173
3.1 TITLE	S XX Change <input type="checkbox"/> Addition
3.2 NAME	POFFENBARGER, BONNIE
3.3 STREET ADDRESS	6824 SW 114 PL #D
3.4 CITY-ST-ZIP	MIAMI, FL 33173
4.1 TITLE	T <input type="checkbox"/> Change XX Addition
4.2 NAME	CASERES, WILKIN
4.3 STREET ADDRESS	6604 SW 114 PL #A
4.4 CITY-ST-ZIP	MIAMI, FL 33173
5.1 TITLE	D XX Change <input type="checkbox"/> Addition
5.2 NAME	TOLEDO, GILBERT
5.3 STREET ADDRESS	6624 SW 116 PL #A
5.4 CITY-ST-ZIP	MIAMI, FL 33173
6.1 TITLE	D XX Change <input type="checkbox"/> Addition
6.2 NAME	WATKINS, JACK
6.3 STREET ADDRESS	6619 SW 114 PL #E
6.4 CITY-ST-ZIP	MIAMI, FL 33173

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(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: *Bonnie Poffenbarger*

2/3/98

CP2E037 (10/97)