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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 # 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	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1688688
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HYMAN & KAPLAN 150 W. FLAGLER ST. STE 2701 MIAMI FL 33130				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOLFO, LINDA K	1.2 NAME	Billie Pustai
STREET ADDRESS	6527 SW 116 PL. #B	1.3 STREET ADDRESS	11500 SW 64th Street, # F
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	Miami, FL 33173
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALONSO, CARMEN	2.2 NAME	Helen Robbins
STREET ADDRESS	11557 SW 64 ST. #H	2.3 STREET ADDRESS	6814 SW 114 Place, # H
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	Miami, FL 33173
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POFFENBARGER, BONNIE	3.2 NAME	Lois Kaufman
STREET ADDRESS	6824 S.W. 114 PLACE #D	3.3 STREET ADDRESS	6455 SW 116 Place, # A
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33173
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, TOLEDO	4.2 NAME	
STREET ADDRESS	6624 S.W. 116TH PLACE #A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASERES, WILKIN	5.2 NAME	
STREET ADDRESS	6604 SW 114TH PL. #A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, JACK	6.2 NAME	
STREET ADDRESS	6619 SW 114 PLACE #E	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	6.4 CITY-ST-ZIP	

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: SIG. Billie Pustai 2/1/99 305-595-7669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)