2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90075 018 ****61.25

DOCUMENT # 733191

1. Entity Name
SNAPPER VILLAGE CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
% THE CONTINENTAL GROUP, INC.
11981 SW 144 CT SUITE #201
MIAMI, FL 33186

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1688688 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HYMAN & KAPLAN
150 W. FLAGLER ST.
STE 2701
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name N/A.
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V ☒ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	DOMINGUEZ, NANCY	NAME	JUAN CARLOS GUTIERREZ
STREET ADDRESS	6804 SW 114 PL. UNIT A	STREET ADDRESS	6701 SW 116 Ct #402
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI, FL 33173
TITLE	BOD ☒ Delete	TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	MORENO-ROJAS, ARTURO	NAME	GILBERT TOLEDO
STREET ADDRESS	6701 SW 116 CT. UNIT 202	STREET ADDRESS	6624 SW 114 PLACE #A
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S ☒ Delete	TITLE	SECRETARY ☒ Change ☐ Addition
NAME	ADELNAN, MICHELE	NAME	ANA MARIA ROQUE
STREET ADDRESS	6724 SW 114 PL. UNIT B	STREET ADDRESS	6537 SW 116 PLACE #A
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI, FL 33173
TITLE	T ☒ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	KAUFMAN, LOIS A	NAME	JANET MOWRER
STREET ADDRESS	6455 SW 116 PL UNIT A	STREET ADDRESS	6609 SW 116 PLACE #E
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI, FL 33173
TITLE	P ☒ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	EWING, SUSAN D	NAME	Elda Moyer
STREET ADDRESS	6904 SW 114 PL. UNIT A	STREET ADDRESS	7019 SW 115 PLACE #A
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D ☒ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	DOMINGUEZ, EDDIE	NAME	ED HATTON
STREET ADDRESS	6619 SW 116 PL UNIT G	STREET ADDRESS	6606 SW 115 Ct #G
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	MIAMI, FL 33173

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN C Gutierrez — 2/21/05 — 305-595-7569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #