

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 12:01 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22685** (4)

1. Corporation Name
SNELL ISLE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 7053 P.O. BOX 7053
ST. PETERSBURG FL 33734 ST. PETERSBURG FL 33734

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/25/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
NIX, HOWARD, JR
1288 SNELL ISLE BLVD. N.E.
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent
81 Name **BRIAN K. DICKHAUS**
82 Street Address (P.O. Box Number is Not Acceptable) **456 RAFAEL BLVD NE**
83
84 City **ST PETERSBURG** FL 85 Zip Code **33704**

11. Pursuant to the provisions of Sections 607.0602 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 *Brian K. Dickhaus* **BRIAN K. DICKHAUS, TREASURER** 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rotating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **STOVALL, GEORGE**
STREET ADDRESS **490 COFFEE POT RIVIERA N.E.**
CITY - ST - ZIP **ST. PETERSBURG FL 33704**
TITLE VD
NAME **STILER, ELIZABETH**
STREET ADDRESS **319 RAFAEL BLVD. N.E.**
CITY - ST - ZIP **ST. PETERSBURG FL 33704**
TITLE SD
NAME **THOMAS, CARY BOND**
STREET ADDRESS **105 CORDOVA BLVD N.E..**
CITY - ST - ZIP **ST. PETERSBURG FL 33704**
TITLE TD
NAME **NIX, HOWARD W**
STREET ADDRESS **1288 SNELL ISLE BLVD. N.E.**
CITY - ST - ZIP **ST. PETERSBURG FL 33704**
TITLE D
NAME **SALKE, SALLYVID**
STREET ADDRESS **1148 SEVILLE, LANE, N.E.N.E.**
CITY - ST - ZIP **ST. PETERSBURG FL**
TITLE D
NAME **JACKS, DONALD**
STREET ADDRESS **459 BAYVIEW DR. N.E.**
CITY - ST - ZIP **ST PETERSBURG FL 33704**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **D (ONLY)** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE **VD** Change Addition
2.2 NAME **POTTER, ROBERT**
2.3 STREET ADDRESS **1238 BRIGHTWATERS BLVD NE**
2.4 CITY - ST - ZIP **ST. PETERSBURG, FL 33704**
3.1 TITLE **D (ONLY)** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE **TD** Change Addition
4.2 NAME **DICKHAUS, BRIAN K.**
4.3 STREET ADDRESS **456 RAFAEL BLVD NE**
4.4 CITY - ST - ZIP **ST. PETERSBURG, FL 33704**
5.1 TITLE **PD** Change Addition
5.2 NAME **ADMIRE, DOROTHY**
5.3 STREET ADDRESS **3390 MAPLE STREET NE**
5.4 CITY - ST - ZIP **ST. PETERSBURG, FL 33704**
6.1 TITLE **SD** Change Addition
6.2 NAME **HECK, BARBARA**
6.3 STREET ADDRESS **106 GORDON BLVD NE**
6.4 CITY - ST - ZIP **ST. PETERSBURG, FL 33704**

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian K. Dickhaus* **BRIAN K. DICKHAUS, TREASURER** 4/26/95 913-577-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Area #