

FILE NOW: FILING FEE IS \$61.25

FILED

**May 09 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N22685 (4)**
1. Corporation Name
SNELL ISLE PROPERTY OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **09/25/1987** 3a. Date of Last Report **01/29/1996**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
~~DICKHAUS, BRIAN K
456 RAFAEL BLVD NE
ST. PETERSBURG FL 33704~~

10. Name and Address of New Registered Agent
81 Name **JOAN N. JAICKS**
82 Street Address (P.O. Box Number is Not Acceptable) **459 BAYVIEW DR NE**
83
84 City **St. Petersburg** FL 85 Zip Code **33704**

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: *Joan N. Jaicks* DATE: **4-21-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STOVALL, GEORGE	
STREET ADDRESS	490 COFFEE POT RIVERA N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POTTER, ROBERT	
STREET ADDRESS	1238 BRIGHTWATERS BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, CARY BOND	
STREET ADDRESS	105 CORDOVA BLVD N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DICKHAUS, BRIAN K	
STREET ADDRESS	456 RAFAEL BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADMIRE, DOROTHY	
STREET ADDRESS	3390 MAPLE ST., NE	
CITY-ST-ZIP	ST. PETE. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HECK, BARBARA	
STREET ADDRESS	108 GORALDA BLVD NE	
CITY-ST-ZIP	ST. PETE. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK FARKAS	
1.3 STREET ADDRESS	1721 BRIGHTWATERS BLVD NE	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33704	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBARA Heck	
2.3 STREET ADDRESS	106 GORALDA BLVD NE	
2.4 CITY-ST-ZIP	St. Petersburg FL 33704	
3.1 TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bill Miles	
3.3 STREET ADDRESS	1365 Snell Isle Blvd NE	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33704	
4.1 TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOAN JAICKS	
4.3 STREET ADDRESS	459 BAYVIEW DR NE	
4.4 CITY-ST-ZIP	St. Petersburg FL 33704	
5.1 TITLE	Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOROTHY ADMIRE	
5.3 STREET ADDRESS	3390 MAPLE ST NE	
5.4 CITY-ST-ZIP	St. Petersburg FL 33704	
6.1 TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DONALD HALLS	
6.3 STREET ADDRESS	906 MONTEREY PT NE	
6.4 CITY-ST-ZIP	St. Petersburg FL 33704	

14. I do 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.

SIGNATURE: *Joan N. Jaicks* DATE: **4/21/97** 813-896-9997

CR2E037 (9/96)