


FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22685** (4)
1. Corporation Name
SNELL ISLE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 7053 ST. PETERSBURG FL 33734	Mailing Address P.O. BOX 7053 ST. PETERSBURG FL 33734
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3. Date Incorporated or Qualified 09/25/1987		
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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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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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JAICKS, JOAN N
459 BAYVIEW DR NE
ST PETERSBURG FL 33704**

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: Joan N. Jaicks (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Pres
NAME	STOVALL, GEORGE,	1.2 NAME	FRANK PARKAS
STREET ADDRESS	400 COFFEE POT RIVERA N.E.	1.3 STREET ADDRESS	1721 BRIGHTWATERS BLVD NE
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33704
TITLE	VD	2.1 TITLE	Veep
NAME	POTTER, ROBERT	2.2 NAME	BARBARA Heck
STREET ADDRESS	1238 BRIGHTWATERS BLVD NE	2.3 STREET ADDRESS	106 GIRALDA BLVD NE
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	D	3.1 TITLE	Sec'y
NAME	THOMAS, CARY BOND,	3.2 NAME	Bill Miles
STREET ADDRESS	105 CORDOVA BLVD N.E.	3.3 STREET ADDRESS	1365 Snell Isle Bl NE 8C
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	TD	4.1 TITLE	Treas
NAME	DICKHAUS, BRIAN K	4.2 NAME	JOAN JAICKS
STREET ADDRESS	458 RAFAEL BLVD NE	4.3 STREET ADDRESS	459 Bayview DR NE
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	PD	5.1 TITLE	Dir
NAME	ADMIRE, DOROTHY	5.2 NAME	Dorothy Admire
STREET ADDRESS	3390 MAPLE ST., NE	5.3 STREET ADDRESS	3390 MAPLE ST NE
CITY-ST-ZIP	ST. PETE. FL	5.4 CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	SD	6.1 TITLE	Dir
NAME	HECK, BARBARA	6.2 NAME	Donald Hallas
STREET ADDRESS	106 GIRALDA BLVD NE	6.3 STREET ADDRESS	906 Monterey Pl NE
CITY-ST-ZIP	ST. PETE. FL	6.4 CITY-ST-ZIP	ST PETERSBURG FL 33704

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.

SIGNATURE: Joan N. Jaicks **JOAN N JAICKS** 813-896-5097

CR2E037 (10/97)