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Apr 22, 1999 8:00 am
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04-22-1999 90054 010 ****61.25

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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 # N22685

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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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	3. Date Incorporated or Qualified 09/25/1987	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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		

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 **ALLEN C. WOHLWEND**

82 Street Address (P.O. Box Number is Not Acceptable)
3160 WALNUT ST. 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 *Allen C Wohlwend* **ALLEN C WOHLWEND TREAS.** DATE **4/20/99**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FARKAS, FRANK	
STREET ADDRESS	1721 BRIGHTWATERS BLVD N E	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HECK, BARBARA	
STREET ADDRESS	106 GIRALDA BLVD N E	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILES, BILL	
STREET ADDRESS	1365 SNELL ISLE BLVD N E 8C	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JAICKS, JOAN	
STREET ADDRESS	459 BAYVIEW DRIVE N E	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADMIRE, DOROTHY	
STREET ADDRESS	2390 MAPLE STREET N E	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALLAS, DONALD	
STREET ADDRESS	906 MONTEREY PT N E	
CITY-ST-ZIP	ST PETERSBURG FL 33704	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARBARA HECK	
1.3 STREET ADDRESS	106 GIRALDA BLVD NE	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RONALD HERSCH	
2.3 STREET ADDRESS	324 BRIGHTWATERS BLVD. NE	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LIZ STILES	
3.3 STREET ADDRESS	319 RAFAEL BLVD NE	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALLEN C. WOHLWEND	
4.3 STREET ADDRESS	3160 WALNUT ST. NE	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOROTHY ADMIRE	
5.3 STREET ADDRESS	3390 MAPLE STREET NE	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PAT CONDON	
6.3 STREET ADDRESS	155 CATALAN BLVD. NE	
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, with all other like empowered.

SIGNATURE: *Allen C Wohlwend* **ALLEN C WOHLWEND** DATE **4/20/99** DAYTIME PHONE # **(813) 318-0003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037. (1/198)