2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# N22685

Entity Name: SNELL ISLE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 7053
ST. PETERSBURG, FL 33734

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7053
ST. PETERSBURG, FL 33734

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYANT, MARY
307 BRIGHTWATERS BLVD
SAINT PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

ADMIRE, DOROTHY
P.O. BOX 7053
SAINT PETERSBURG, FL 33734 US

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.

SIGNATURE: DOROTY ADMIRE 01/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: CONDON, KATHLEEN M
Address: 160 CATALAN BLVD NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: D ( ) Delete
Name: ADMIRE, DOROTHY
Address: 2390 MAPLE STREET N E
City-St-Zip: ST PETERSBURG, FL 33704

Title: PD ( ) Delete
Name: BROOKS, WILLIAM J
Address: 1140 CORDOVA BLVD NE
City-St-Zip: ST PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BROOKS, WILLIAM J
Address: 1140 CORDOVA BLVD NE
City-St-Zip: ST PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN M. CONDON TD 01/18/2005
Electronic Signature of Signing Officer or Director Date