

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2008  
Secretary of State**

DOCUMENT# N22685

Entity Name: SNELL ISLE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3390 MAPLE STREET NE  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-0247525      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADMIRE, DOROTHY  
3390 MAPLE STREET NE  
SAINT PETERSBURG, FL 33704      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: 3390 MAPLE STREET N E  
City-St-Zip: ST PETERSBURG, FL 33704

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

Title: P      (X) Delete  
Name: DUDLEY, WILLIAM  
Address: 247 MIRAMAR 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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

T

01/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date