

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90213 014 ****61.25



DOCUMENT # N22685

1. Entity 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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CONDON, PATRICIA A
155 CATALAN BLVD NE
ST PETERSBURG FL 33704

7. Name and Address of New Registered Agent
Name **Mary Bryant**
Street Address (P.O. Box Number is Not Acceptable)
307 Brightwaters Blvd NE
City **St. Petersburg** **FL** Zip Code **33704**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONDON, KATHLEEN M 160 CATALAN BLVD NE ST PETERSBURG FL 33704	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADMIRE, DOROTHY 2390 MAPLE STREET N E ST PETERSBURG FL 33704	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONDON, PAT 155 CATALAN BLVD. NE ST PETERSBURG FL 33704	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Brooks 1140 Cordova Blvd NE St. Petersburg, FL 33704	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Bryant 307 Brightwaters Blvd NE St. Petersburg, FL 33704	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **2-8-03** Day/Time Phone # **727-823-2208**

CR2E037 (10/02)