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Apr 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001572 (5)

1. Corporation Name

~~SNEAD ISLAND ESTATES WEST HOMEOWNERS ASSOCIATION~~
INC. AMBERWYND OF SNEADE ISLAND
HOMEOWNERS ASSOCIATION, INC.N/C
3/3/97

Principal Place of Business

Mailing Address

5544 FOX HOLLOW DRIVE
BOCA RATON FL 334865544 FOX HOLLOW DRIVE
BOCA RATON FL 33486-86473. Date Incorporated or Qualified
03/31/19953a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 7638 301 Blvd.

26 7638 301 Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sarasota, FL

28 Sarasota, FL

Zip

Country

Zip

Country

24 34243

25 USA

29 34243

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAWA, ABRAHAM DR
5544 FOX HOLLOW DRIVE
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME KAWA, ABRAHAM
STREET ADDRESS 5544 FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486TITLE D ☒ DELETENAME KAWA, LARRY B
STREET ADDRESS 6144 NW 24TH STREET
CITY-ST-ZIP BOCA RATON FL 33434TITLE STD ☐ DELETENAME KAWA, JOAN
STREET ADDRESS 5544 FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD ☒ Change ☐ Addition

Joan Kawa

5544 Fox Hollow Drive

Boca Raton, FL 33486

D ☐ Change ☒ Addition

Samuel M. Coniglio, III

7638 301 Blvd.

Sarasota, FL 34243

S ☐ Change ☒ Addition

Carol A. Coniglio

7638 301 Blvd.

Sarasota, FL 34243

000002135770 ☐ Change ☐ Addition

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14. I do 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 Kawa, Treas.

Date

(561) 450 1212

Daytime Phone # 0045093

CR2E037 (9/96)