FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N95000001572 (5)

SNEAD ISLAND ESTATES WEST HOMEOWNERS ASSOCIATION , INC. AMBERWYND OF SNEADE ISLAND

HOMEOWNERS ASSOCIATION, INC.

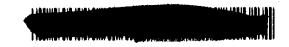
Principal Place of Business

Mailing Address

FEAT FOR MOULOUS BOILE

CEAR COV HOLLOW DRIVE

FILED Apr 07 1997 8:00am Secretary of State



BOCA RATON F		BOCA RATON FL 33486-8647			
				3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report 04/22/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1 763	38 301 Blvd.	26 7638 B	301 B/V	<i>f</i> . 65-0645214	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27		or continued of class decision	Fee Required
City & State	1 -1	City & State	+1	6. Election Campaign Financing	\$5.00 May Be
	asola, th	28 Sarasola	1, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
A 342			30 USA	Florida Statutes L 10. Name and Address of New Re	Yes 🔀 No
	9. Name and Address of Current	Hadistalan Maur	81 Name	10. Hallis alla Address VI How he	Juste do Agont
	DOMINA DO				
KAWA, ABRAHAM DR			82 Street Address (P.O. Box Number is Not Acceptable)		
	X HOLLOW DRIVE		83		
BOCA RA	ATON FL 33486		100		
			84 City		FL 85 Zip Code
44 0	a the previous of Costions 617 0503	and 617 1609 Florida Statuto	n the above named	corporation submits this statement for the p	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	M FIODOS SUCO CORDOS WAS AL	uthorized by the corb	oration's board of directors. I hereby accept	of the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered agen	and title diagnolicable /NOTE	Registered Agent signature	required when reinstation)	DATE
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	KAWA, ABRAHAM	-	1.2 NAME		1
STREET ADDRESS	5544 FOX HOLLOW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486	:	1.4 CITY-ST-ZIP		•
TITLE	D	DELETE	2.1 TITLE	. , , , , ,	Change Addition
NAME	KAWA, LARRY B		2.2 NAME		
STREET ADDRESS	6144 NW 24TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		2.4 City-St-ZiP		
TITLE	STD	DELETE	3.1 TITLE	TD	Change Addition
NAME	KAWA, JOAN		3.2 NAME	Joan Kawa	Ÿ.
STREET ADDRESS	5544 FOX HOLLOW DRIVE		3.3 STREET ADDRESS	5544 Fox Hollow	Orive
CITY-ST-ZIP	BOCA RATON FL 33486		3.4. CITY-ST-ZIP	Boca Raton FL	33486
TITLE		DELETE	4.1 TITLE	D	Change X Addition
NAME			4. 2 NAME	Samuel M. Conigl	10, 111
STREET ADDRESS	,		4.3 STREET ADDRESS	7638 301 Blvd.	· / ——
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP	Sarasota, FL 3	ຂມ ຂນ
TITLE	,	DELETE	5.1 TITLE	S '	☐ Change ☑ Addition
NAME	,		5.2 NAME	Carol A. Conig	lio
STREET ADORESS			5.3 STREET ADDRESS	7638 301 Blvd.	-
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Sarasota, FL	34243
TITLE		DELETE	6.1 TITLE		
NAME			6.2 NAME	00000213	5770C\\\
STREET ADDRESS			6.3 STREET ADDRESS	00000213 -04/08/97010	15031 \mathcal{N}/\mathcal{I}
			6.4 CITY-ST-ZIP	***61.25	' K/
CITY-S1-ZIP	ov cartify that the information symplect	with this filing does not qualify		tated in Section 119.07(3)(i). Florida Statute	es. I further certify that the

I have been a more than the minimum supplied with this iting does not quality for the exemption stated in section 119.07(3)(f), Florida Statutes. 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 if changed, or on an attachment with an address.

SIGNATURE: