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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13250** (8)
1. Corporation Name

SNL LOT 17 HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1219 W. OLEANDER CIRCLE
BAREFOOT BAY FL 32976
US

1219 W. OLEANDER CIRCLE
BAREFOOT BAY FL 32976
US

2. Principal Place of Business

2a. Mailing Address

21 **4803 Vilavella Drive**

26 **4803 Vilavella Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Sebring, Florida**

City & State

28 **Sebring, Florida**

Zip

Country

24 **33872-2357** 25 **Highlands**

Zip

Country

29 **33872-2357** 30 **Highlands**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/30/1986

4. FEI Number

59-2698563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

PAQUIN, MARION V.
1219 W. OLEANDER CIRCLE
BAREFOOT BAY FL 32976

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	P	<input type="checkbox"/> DELETE
NAME	PONDO, A	
STREET ADDRESS	4215 GRAND AVE.	
CITY-ST-ZIP	SEBRING FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PAQUIN, M.	
STREET ADDRESS	1219 WEST OLEANDER CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENDERSON, GARY K.	
STREET ADDRESS	3804 VILLA BELLA	
CITY-ST-ZIP	SEBRING FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDERSON, SANDRA	
STREET ADDRESS	3804 VILABELLA DRIVE	
CITY-ST-ZIP	SEBRING FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
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

14. 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 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: Marion V. Paquin **SIGNATURE REQUIRED** Marion V. Paquin 1-27-'98 1-941-382-2667

CR2E037 (10/97)