

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90435 005 ****61.25

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1. Entity Name
SNUG HARBOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**423 150TH AVENUE
MADEIRA BEACH, FL 33708**

Mailing Address
**3001 EXECUTIVE DR.
STE. 260
CLEARWATER, FL 33762**

INITIAL

40060822



2. Principal Place of Business
3001 Executive Dr.

3. Mailing Address

Suite, Apt. #, etc.
Suite 260

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State

Zip
33762

Zip

Country

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0235192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR.
STE. 260
CLEARWATER, FL 33762**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HORDER, JIM
425 150TH AVE. # 2305
MADEIRA BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
DENTON, RON
425 150TH AVE. # 2501
MADEIRA BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
DICKINSON, DIANE
P.O. BOX 1332
DUNEDIN, FL 34697**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
John Whittenhall
423 150th Ave., #1405
Madeira Beach, FL 33708** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Charles Parker
423 150th Ave., #1501
Madeira Beach, FL 33708** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-06

573-9300