2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 721316

Entity Name: SNUG HARBOR GARDENS CONDOMINIUM, INC.

Current Principal Place of Business:

650 SNUG HARBOR DR
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

314 NE 3RD ST
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 59-1445314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REITER, GEORGE
314 NE 3RD ST
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

ST. JOHN, CORE & LEMME
1601 FORUM PLACE
#701
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: THERESA LEMME 03/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SALA, JOHN
Address: 650 SNUG HARBOUR DR G 203
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP ( ) Delete
Name: BURCHILL, FRANK
Address: 640 SNUG HARBOUR DR F-11
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete
Name: LANDIG, RUTH
Address: 650 SNUG HARBOUR DR G-303
City-St-Zip: BOYNTON BEACH, FL 33435

Title: AST ( ) Delete
Name: CIACHIANI, JOHN
Address: 632 SNUG HARBOUR DR D-11
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SHACHTMAN, PATRICIA
Address: 624 SNUG HARBOR DRIVE
City-St-Zip: DELRAY BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SALA P 03/11/2009
Electronic Signature of Signing Officer or Director Date