	d entity submits this statement for the purpose of changing it	S registered Unice Ul legis		
SIGNATUR	: GARY MARS			01/20/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	KAUFMAN , LOIS A	Name	ROCA, JACQUELINE	
Address	6901 SW 116TH CT	Address	6901 SW 116TH CT	
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173	
Title	TREASURER	Title	SECRETARY	
Name	CARDENAS, ELSA	Name	MOWRER, JANET	
Address	6901 SW 116TH CT	Address	6901 SW 116TH CT	
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173	
Title	DIRECTOR	Title	DIRECTOR	
Name	DE LOS SANTOS, ADELE	Name	SAMBOR, ROBERT	
Address	6901 SW 116TH CT	Address	6901 SW 116TH CT	
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173	

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# 733191

## Entity Name: SNAPPER VILLAGE CONDOMINIUM ASSOCIATION, INC.

### **Current Principal Place of Business:**

6901 SW 116TH CT MIAMI, FL 33173

#### **Current Mailing Address:**

6901 SW 116TH CT MIAMI, FL 33173 US

## FEI Number: 59-1688688

#### Name and Address of Current Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE 11TH FLOOR

I hereby 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 all other like empowered.

SIGNATURE: LOIS KAUFMAN

City-State-Zip: MIAMI FL 33173

MOYER, ELDA

6901 SW 116TH CT

Name

Address

PRESIDENT

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Jan 20, 2015 Secretary of State CC3965495045

Certificate of Status Desired: No