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: KATHLEEN M. CONDON

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :** Title VP Title TD Name CONDON, KATHLEEN M Name ADMIRE, DOROTHY Address 160 CATALAN BLVD NE Address

# Entity Name: SNELL ISLE PROPERTY OWNERS ASSOCIATION, INC.

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

3390 MAPLE STREET NE ST. PETERSBURG, FL 33704

DOCUMENT# N22685

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

P.O. BOX 7053 ST. PETERSBURG. FL 33734

#### FEI Number: 59-0247525

## Name and Address of Current Registered Agent:

ADMIRE, DOROTHY 3390 MAPLE STREET NE SAINT PETERSBURG, FL 33704 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:

Title

Address

3390 MAPLE STREET N E City-State-Zip: ST PETERSBURG FL 33704 City-State-Zip: ST PETERSBURG FL 33704 PRES YOUNGBLOOD, SCOTT Name

Certificate of Status Desired: No

FILED Mar 29, 2016

Secretary of State

CC0797889852

03/29/2016 Date

#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

TREASURER

Date

ST PETERSBURG FL 33704 City-State-Zip:

909 SNELL ISLE BLVD NE