2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # 263744

1. Entity Name
SNAPPER CREEK MARINA,INC

Principal Place of Business
11190 SNAPPER CREEK RD
CORAL GABLES, FL 33156-4216 US

Mailing Address
11190 SNAPPER CREEK RD
CORAL GABLES, FL 33156-4216 US

01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1030262
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MASE, CURTIS J
STREET ADDRESS	5505 ARBOR LANE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	OLEN, RANDY J.
STREET ADDRESS	10725 LAKESIDE DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	D
NAME	HASSAN, JOE
STREET ADDRESS	10950 OLD CUTLER ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	D
NAME	JUNCADELLA, JOSE
STREET ADDRESS	5295 FAIRCHILD WAY
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000691400
04/13/07-80009-009 150.00

DO NOT WRITE IN THIS SPACE

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 607, 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: Carol T. Williamson 4/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #