

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90049 008 \*\*\*\*61.25

<b>DOCUMENT # 704039</b> 1. Entity Name <b>SNEAD ISLAND COMMUNITY, INC.</b>					
Principal Place of Business <b>SNEAD ISLAND P.O. BOX 1253 PALMETTO, FL 34220 US</b>			Mailing Address <b>SNEAD ISLAND P.O. BOX 1253 PALMETTO, FL 34220 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>YETZER, CAROL 4397 POMPAÑO LANE PALMETTO, FL 34221</b>				Name <b>Schmidt, Karol</b> Street Address (P.O. Box Number is Not Acceptable) <b>4322-15th Way W</b> City <b>Palmetto, FL</b> Zip Code <b>34221</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD USELTON, VICKI 1830 AMBERWYND CIR PALMETTO, FL 34221</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCHMIDT, KAROL 4322 15TH WAY W PALMETTO, FL 34221</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P YETZER, CAROL 4397 POMPAÑO LANE PALMETTO, FL 34221</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARRIS, MAGGIE 1818 Amberwynd Cir W Palmetto, FL 34221</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RODGERS, SHANNON 1728 AMBERWYND CIR PALMETTO, FL 34221</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARNETT, LYNN 1034 Amberwynd Cir W Palmetto, FL 34221</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLETCHER, DOROTHY 4335 15TH WAY W PALMETTO, FL 34221</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SONNENBURG, KAY 4318-15th Way W Palmetto, FL 34221</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHMIDT, TED 4332 15TH WAY W PALMETTO, FL 34221</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:  Victoria Uselton(TD) 3/3/08 941-723-4308</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					