

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **723198** (8)

1. Corporation Name
SNAPPER CREEK TOWNHOUSE HOME OWNERS ASSOCIATION, INC



Principal Place of Business
**11200 SW 71 STREET
MIAMI FL 33173**

Mailing Address
**11200 SW 71 STREET
MIAMI FL 33173**

3. Date Incorporated or Qualified **04/18/1972** 3a. Date of Last Report **02/08/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1537602	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAYNE, CARROLL L ESQ. DATRAN TWO, SUITE 1701 9130 S. DADELAND BLVD. MIAMI FL 33156				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, CARROLL LEE ES	1 2 NAME	
STREET ADDRESS	10915 SW 71 LANE	1 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1 4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, JEANNE	2 2 NAME	
STREET ADDRESS	11200 SW 71 ST.	2 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2 4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMIANY, LEON	3 2 NAME	
STREET ADDRESS	11171 SW 69 TERRACE	3 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUHAS, BRUCE	4 2 NAME	
STREET ADDRESS	7107 SW 112 PLACE	4 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4 4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFLEUR, MICHAEL	5 2 NAME	D SILVESTRI, JAMES T
STREET ADDRESS	11045 SW 70 TERRACE	5 3 STREET ADDRESS	6503 SW 113 PLACE
CITY - ST - ZIP	MIAMI FL	5 4 CITY - ST - ZIP	MIAMI - FL - 33173
TITLE	T <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, FRANK	6 2 NAME	
STREET ADDRESS	6517 SW 114 AVENUE	6 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leon Damiany PRES. 1/31/96 305 279-5383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LEON DAMIANY

CR2E037 (12/95)