FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 723198   (8)

1. Corporation Name

SNAPPER CREEK TOWNHOUSE HOME OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
11200 SW 71 STREET MIAMI FL 33173	11200 SW 71 STREET MIAMI FL 33173-1979

3. Date Incorporated or Qualified	3a. Date of Last Report
04/18/1972	02/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1537602	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

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 Zip Code

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 reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP ☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	PAYNE, CARROLL LEE ES	1.2 NAME	PAYNE, CARROLL LEE	
STREET ADDRESS	10915 SW 71 LANE	1.3 STREET ADDRESS	10915 SW 71 Lane	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl 33173	
TITLE	S ☐ DELETE	2.1 TITLE		☐ Change ☐ 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 ☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DAMIANY, LEON	3.2 NAME	JOAN SCHWARTZMAN	
STREET ADDRESS	11171 SW 69 TERRACE	3.3 STREET ADDRESS	11001 SW 70 Terrace	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33173	
TITLE	D ☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	YUHAS, BRUCE	4.2 NAME	AVELINO BETANCOURT	
STREET ADDRESS	7107 SW 112 PLACE	4.3 STREET ADDRESS	11340 SW 69 Terrace	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Fl 33173	
TITLE	D ☐ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	SILVESTI, JAMES T	5.2 NAME	SILVESTRI, JAMES T	
STREET ADDRESS	6503 SW 113TH PLACE	5.3 STREET ADDRESS	6503 SW 113th Place	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Fl 33173	
TITLE	T ☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	WEISS, FRANK	6.2 NAME	KAY ROSENDAHL	
STREET ADDRESS	6517 SW 114 AVENUE	6.3 STREET ADDRESS	6517 SW 114 Ave	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, Fl 33173	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (9/96)