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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
11200 SW 71 STREET MIAMI FL 33173

Mailing Address
11200 SW 71 STREET MIAMI FL 33173

3. Date Incorporated or Qualified
04/18/1972

4. FEI Number
59-1537602

Applied For
 Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**GANGUZZA, JOSEPH H ESQ.
HYMAN & KAPLAN, P.A.
150 WEST FLAGLER ST., SUITE 2701
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PAYNE, CARROLL LEE ES	
STREET ADDRESS	10915 SW 71 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEISSMAN, JEANNE	
STREET ADDRESS	11200 SW 71 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZMAN, JOAN	
STREET ADDRESS	11001 SW 70 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YUHAS, BRUCE	
STREET ADDRESS	7107 SW 112 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SILVESTRI, JAMES T	
STREET ADDRESS	6503 SW 113TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSENDAHL, KAY	
STREET ADDRESS	6517 SW 114 AVENUE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SILVESTRI JAMES	
1.3 STREET ADDRESS	6523 SW 112 PLACE	
1.4 CITY-ST-ZIP	MIAMI, FL. 33173	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Payne, Carroll Lee	
2.3 STREET ADDRESS	10915 SW 71Ln	
2.4 CITY-ST-ZIP	Miami, FL 33173	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHWARTZMAN, JOAN	
3.3 STREET ADDRESS	11001 SW 70 TERR	
3.4 CITY-ST-ZIP	MIAMI, FL. 33173	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JUAN PEREZ	
4.3 STREET ADDRESS	10911 SW 71 Street	
4.4 CITY-ST-ZIP	Miami, FL. 33173	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SEMINO, CARLO	
5.3 STREET ADDRESS	11390 SW 65 Street	
5.4 CITY-ST-ZIP	Miami, FL 33173	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MISKIS, RUTH	
6.3 STREET ADDRESS	10920 SW 70 Terr	
6.4 CITY-ST-ZIP	Miami, FL 33173	

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

CR2E037 (10/97)

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2/3/13
Ded 6/25