

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90170 001 ***122.50

DOCUMENT # 723198

1. Entity Name

SNAPPER CREEK TOWNHOUSE HOME OWNERS ASSOCIATION.

Principal Place of Business

Mailing Address

11200 SW 71 STREET
 MIAMI FL 33173

11200 SW 71 STREET
 MIAMI FL 33173-1979

8284

PHOTO3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1537602

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SILVESTRI, JAMES	
STREET ADDRESS	6523 SW 112 PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE, CARROLL LEE	
STREET ADDRESS	10915 SW 71 LANE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHWARTZMAN, JOAN	
STREET ADDRESS	11001 SW 70 TERR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEISSMAN, JEANNE	
STREET ADDRESS	7103 SW 113 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JUAN	
STREET ADDRESS	10911 SW 71 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEMINO, CARLO	
STREET ADDRESS	11390 SW 65 STREET	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan Perez	
STREET ADDRESS	10911 SW 71 Street	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Boue	
STREET ADDRESS	11337 SW 69 Terrace	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Yuhas	
STREET ADDRESS	7101 SW 112 Place	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Smith	
STREET ADDRESS	6950 SW 110 Place	
CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

JEANNE WEISSMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)