

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 08 1996 8:00 am
Secretary of State

DOCUMENT # 733191 (1)
1. Corporation Name
SNAPPER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**6901 SW 116TH CT.
MIAMI FL 33173**

Mailing Address
**6901 SW 116TH CT.
MIAMI FL 33173**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1975		3a. Date of Last Report 02/13/1995	
21		26		4. FEI Number 59-1688688		Applied For Not Applicable	
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		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**HYMAN & KAPLAN
44 WEST FLAGLER
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130**

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: *Jeanne Beelat for Gary Ross, Hyman & Kaplan* **2/1/96**
Signature, typed or printed name of registered agent and title if applicable (NO Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P D
NAME	GILL, JEANNE	1.2 NAME	BEELAT, JEANNE
STREET ADDRESS	6323 SW 116 PLACE - F	1.3 STREET ADDRESS	6323 SW 116 PL - F
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL
TITLE	D	2.1 TITLE	VPD
NAME	ROMAN, JESSICA	2.2 NAME	DYKSTRA, RICHARD
STREET ADDRESS	6814 SW 114 PL., A.	2.3 STREET ADDRESS	6907 SW 115 PL - A
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL
TITLE	D	3.1 TITLE	SD
NAME	GILL, JEANNE	3.2 NAME	LYN, REGINALD
STREET ADDRESS	6323 SW 116TH PL UNIT F	3.3 STREET ADDRESS	6927 SW 115 PL - C
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	VP	4.1 TITLE	ID
NAME	DYKSTRA, RICHARD	4.2 NAME	KAUFMAN, LOIS A.
STREET ADDRESS	6907 SW 115 PL - A	4.3 STREET ADDRESS	6455 SW 116 PL - A
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL
TITLE	S	5.1 TITLE	D
NAME	HABER, JOHANNAH	5.2 NAME	POFFENBARGER, BONNIE
STREET ADDRESS	6455 SW 116 PL - G	5.3 STREET ADDRESS	6874 SW 114 PL - A
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL
TITLE	T	6.1 TITLE	D
NAME	KAUFMAN, LOIS A.	6.2 NAME	TOLEDO, GILBERT
STREET ADDRESS	6455 SW 116 PL - A	6.3 STREET ADDRESS	6624 SW 114 PL - A
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL

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: *Jeanne Beelat* **JEANNE BEELAT, PRES.** **2/1/96** **(305) 595-7569**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)