

2001 UNIFORM BUSINESS REPORT (UBR)

2/1/

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-01-2001 90119 014 ****61.25

DOCUMENT # 733191

1. Entity Name

SNAPPER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6901 SW 116TH CT.
MIAMI FL 33173

6901 SW 116TH CT.
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

-Suite, Apt. #, etc.-

-Suite, Apt. #, etc.-

City & State

City & State

4. FEI Number

59-1688688

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

HYMAN & KAPLAN
150 W. FLAGLER ST.
STE 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 ☐ Delete
NAME **P**
STREET ADDRESS **NUNEZ, ANTONIO**
CITY-ST-ZIP **6874 SW 114 PLACE # A**
MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **KOCH, EDWARD**
CITY-ST-ZIP **7024 SW. 114 PLACE #G**
MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MOWRER, JANET**
CITY-ST-ZIP **6609 SW 116 PLACE #E**
MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GILBERT, TOLEDO**
CITY-ST-ZIP **6624 S.W. 116TH PLACE #A**
MIAMI FL

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **PAUL SWANSON**
CITY-ST-ZIP **7009 S.W. 116 PLACE UNIT E**
MIAMI FL 33173

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **CALDERON, AGUSTIN**
CITY-ST-ZIP **6405 SW 116 PLACE #C**
MIAMI FL 33173

TITLE ☐ Change ☒ Addition
NAME **RICHARD DEIMEL**
STREET ADDRESS **6323 SW 116 PL UNIT E**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **CONDE, AGUSTIN**
CITY-ST-ZIP **6405 SW 116 PLACE #C**
MIAMI FL 33173

TITLE ☐ Change ☒ Addition
NAME **MARIA HORVATH**
STREET ADDRESS **7124 S.W. 114 PLACE UNIT F**
CITY-ST-ZIP **MIAMI FL 33173**

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Robert J. ... 2/26/01-305-5957869