2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
03-04-2005 90075 018 ****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	% THE CONTINENTAL GROUP, INC. 11981 SW 144 CT SUITE #201 MIAMI, FL 33186

01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1688688 ☐ Applied For ☐ Not Applicable

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 N/A. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DOMINGUEZ, NANCY 6804 SW 114 PL. UNIT A MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JUAN CARLOS GUTIERREZ 6701 SW 116 Ct #402 MIAMI, FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD MORENO-ROJAS, ARTURO 6701 SW 116 CT. UNIT 202 MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT GILBERT TOLEDO 6624 SW 114 PLACE #A MIAMI, FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ADELNAN, MICHELE 6724 SW 114 PL. UNIT B MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ANA MARIA ROQUE 6537 SW 116 PLACE #A MIAMI, FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KAUFMAN, LOIS A 6455 SW 116 PL UNIT A MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JANET MOWRER 6609 SW 116 PLACE #E MIAMI, FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EWING, SUSAN D 6904 SW 114 PL. UNIT A MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Elda Moyer 7019 SW 115 PLACE #A MIAMI, FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOMINGUEZ, EDDIE 6619 SW 116 PL UNIT G MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ED HATTON 6606 SW 115 Ct #G MIAMI, FL 33173	☒ Change ☐ Addition

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: JUAN C Gutierrez 2/21/05 305-595-7569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #