


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90020 002 ****61.25

DOCUMENT # 733191 1. Entity Name SNAPPER VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6901 SW 116TH CT. MIAMI, FL 33173				Mailing Address % THE CONTINENTAL GROUP, INC. 11981 SW 144 CT SUITE #201 MIAMI, FL 33186	
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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 Human Spector 3 Mars LLP Street Address (P.O. Box Number is Not Acceptable) 150 W. Flagler Street #2701 City Miami FL Zip Code 33130	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIEAREZ, JUAN C		NAME	Roca, Jackie	
STREET ADDRESS	6701 SW 116 CT # 402		STREET ADDRESS	6666 SW 116 Court - 401	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLEDO, GILBERT		NAME	Kaufman, Lois A	
STREET ADDRESS	6624 SW 114 PL #A		STREET ADDRESS	6455 SW 116 Place - A	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROQUE, ANNA M		NAME	Adelman, Michele S.	
STREET ADDRESS	6537 SW 116 PL #A		STREET ADDRESS	6724 SW 114 Place - B	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWRER, JANET		NAME	Mowrer, Janet	
STREET ADDRESS	6609 SW 116 PL #E		STREET ADDRESS	6609 SW 116 PL #E	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, ELDA		NAME	Moyer, Elda	
STREET ADDRESS	7019 SW 115 PL #A		STREET ADDRESS	7019 SW 115 PL #A	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATTON, ED		NAME	Ewing, Susan D.	
STREET ADDRESS	6606 SW 115 CT #G		STREET ADDRESS	6904 SW 114 Place - A	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lois A. Kaufman</u> <u>1/29/06</u> <u>305-596-1121</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					