

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90111 008 \*\*\*\*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

**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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**HYMAN & KAPLAN  
150 W. FLAGLER ST.  
STE 2701  
MIAMI FL 33130**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VILLADA, GABRIEL</b>	
STREET ADDRESS	<b>6614 SW 114TH PL., UNIT C</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HORVATH, MARIA</b>	
STREET ADDRESS	<b>7124 SW 114TH PLACE, UNIT F</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOWRER, JANET</b>	
STREET ADDRESS	<b>6609 SW 116 PLACE #E</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GILBERT, TOLEDO</b>	
STREET ADDRESS	<b>6624 S.W. 116TH PLACE #A</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOWRER, JANET</b>	
STREET ADDRESS	<b>6609 SW 116TH PL., UNIT E</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DECIMEL, RICHARD</b>	
STREET ADDRESS	<b>6323 SW 116 PL UNIT E</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ordonez, Raul</b>	
STREET ADDRESS	<b>7059 SW 115 PL, unit B</b>	
CITY-ST-ZIP	<b>Miami, FL 33173</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Moreno-Rojas, Arturo</b>	
STREET ADDRESS	<b>6701 SW 116 CT, unit 202</b>	
CITY-ST-ZIP	<b>Miami, FL 33173</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara, Hortensia</b>	
STREET ADDRESS	<b>11561 SW 64 ST, unit A</b>	
CITY-ST-ZIP	<b>Miami, FL 33173</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Crow, Mark</b>	
STREET ADDRESS	<b>6425 SW 116 PL, unit H</b>	
CITY-ST-ZIP	<b>Miami, FL 33173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ewing, Susan</b>	
STREET ADDRESS	<b>6904 SW 114 PL, unit A</b>	
CITY-ST-ZIP	<b>Miami, FL 33173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Babienko, Svetla</b>	
STREET ADDRESS	<b>6914 SW 114 PL, unit B</b>	
CITY-ST-ZIP	<b>Miami, FL 33173</b>	

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: **X Mark**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/03 305.595.7569**

CR2E037 (10/02)