

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90042 011 ****61.25

DOCUMENT # 754572

1. Entity Name
SNUG HARBOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957 US**

Mailing Address
**C/O ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2075712

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

**MACKESY, STEVEN J
C/O ISLAND MANAGEMENT GROUP
PO BOX 100-711 TARPON BAY RD
SANIBEL, FL 33957**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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	D	<input checked="" type="checkbox"/> Delete
NAME	PRYZANT, HERTZ	
STREET ADDRESS	303 PERIWINKLE WAY #212	
CITY-ST-ZIP	SANIBEL, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGEN, DON	
STREET ADDRESS	37512 FOREST LODGE ROAD	
CITY-ST-ZIP	CROSSLAKE, MN 56442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COOK, CAROLYN	
STREET ADDRESS	1504 PEBBLE CREEK DR.	
CITY-ST-ZIP	GLENVIEW, IL 60025	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, RICHARD	
STREET ADDRESS	303 PERIWINKLE WAY # 312	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PACALA, LEON	
STREET ADDRESS	56 WOODBURY PLACE	
CITY-ST-ZIP	ROCHESTER, NY 14618	
TITLE	D	<input type="checkbox"/> Delete
NAME	DWYER, HOWARD	
STREET ADDRESS	303 PERIWINKLE WAY 222	
CITY-ST-ZIP	SANIBEL, FL 33957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Laguardia	
STREET ADDRESS	303 Periwinkle Way # 112	
CITY-ST-ZIP	Sanibel FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08

Date

218-692-4836

Daytime Phone #