

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90027 032 ****61.25




DOCUMENT # 755138
 1. Entity Name
CAPE CORAL SNUG HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 505 SE 43RD STREET 505 SE 43RD STREET
 CAPE CORAL FL 33904 CAPE CORAL FL 33904

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country


 1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2353624 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 DELLORTO, ROBERT
 505 S.E. 43RD ST. #A-203
 CAPE CORAL FL 33904

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	LEOHR, WILLIAM	
STREET ADDRESS	503 SE 43RD ST D201	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOBBS, FREDERICK	
STREET ADDRESS	505 SE 43RD ST A202	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DELLORTO, ROBERT	
STREET ADDRESS	505 SE 43RD ST A203	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	KIDD, DOROTHY	
STREET ADDRESS	4405 COUNTRY CLUB BLVD C201	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORLE, DICK	
STREET ADDRESS	4405 COUNTRY CLUB BLVD. C102	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRYBURG, WARREN	
STREET ADDRESS	505 S.E. 43RD ST. A-102	
CITY-ST-ZIP	CAPE CORAL FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
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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		

D KULKO, JERRY
505 S.E. 43 RD ST. A-101
CAPE CORAL, FL 33904

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: *Robert M. Dellorto* **ROBERT M. DELLORTO** *3/19/05* *239-336-4096*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #