

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-17-2008 90014 008 ****61.25



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

Principal Place of Business Mailing Address
505 SE 43RD STREET A 203 CAPE CORAL FL 33904 **505 SE 43RD STREET A 203 CAPE CORAL FL 33904**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2353624** Applied For 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 **ROBERT M. DELLORTO, TREASURER** *Robert M. Dellorto* **4-1-08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature not used when reappointing) DATE

FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEOHR, WILLIAM A. 503 SE 43RD ST D201 CAPE CORAL FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOBBS, FREDERICK 505 SE 43RD ST A202 CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELLORTO, ROBERT 505 SE 43RD ST A203 CAPE CORAL FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULKO, JERRY 505 SE 43RD ST, A-101 CAPE CORAL FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWVER, DODIE 4401 COUNTRY CLUB BLVD B-101 CAPE CORAL FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KULKO, JERRI 505 SE 43RD ST A101 CAPE CORAL FL 33904 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NEEDHAM, ELAINE 4401 COUNTRY CLUB BLVD B-201 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD LAWVER, DORLA H. 4401 COUNTRY CLUB BLVD B-101 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **ROBERT M. DELLORTO, TREASURER** *Robert M. Dellorto* **4-1-08** **239-945-0739**