FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J53700** **(7)**

1. Corporation Name
SNUG HARBOR LAKES DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
7600 U.S. #1 MICCO FL 32976-7437	7600 U.S. #1 MICCO FL 32976-7437

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/01/1987	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **65-0027032** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DORADO, VICTORIA **4039 SNOWY EGRET DR.** **MELBOURNE FL 32904**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL.** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GOULD, PAUL L.	1.2 NAME		
STREET ADDRESS	RANCHO LA PUERTA 419	1.3 STREET ADDRESS		
CITY-ST-ZIP	TECATE CA 91980	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	GOULD, ROBERT L.	2.2 NAME		
STREET ADDRESS	10 WRABEL CIR. UNIT 507J	2.3 STREET ADDRESS		
CITY-ST-ZIP	MONROE CT 06468	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ROTH, JOAN L.	3.2 NAME	ROTH, JOAN G.	
STREET ADDRESS	172 DEAN ROAD	3.3 STREET ADDRESS	172 DEAN ROAD	
CITY-ST-ZIP	BROOKLINE MA	3.4 CITY-ST-ZIP	BROOKLINE, MA	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SILKOFF, CHERYL G.	4.2 NAME		
STREET ADDRESS	93 DEEPWOOD RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	EASTON CT	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan G. Roth 4-11-95 (407)664-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

042000 FP