

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000001917 1. Entity Name SNOOK HARBOR CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O QUARLES & BRADY LLP 1395 PANTHER LANE, SUITE 300 NAPLES, FL 34109	Mailing Address C/O QUARLES & BRADY LLP 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109
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06282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2342139	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109

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IN THIS SPACE**

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 September 14, 2007**

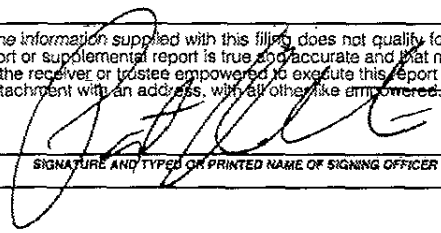
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIDONATO, PASQUALE 3101 BENNETT POINT ROAD QUEENSTOWN, MD 21658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, PATRICIA 21957 MINNETONKA BLVD UNIT 15 EXCELSIOR, MN 55321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, STEVE 14407 TONKA DOWNS DR. MINNETONKA, MN 55345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/07/07-80005-012 61.25

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IN THIS SPACE**

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

Date

Daytime Phone #

8/1/07 410-604-0020