2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004733

FILED Apr 20, 2006 Secretary of State

Entity Name: SNUG HARBOR WEST HOMEOWNERS ASSOCIATION, INC.

Current Principa	al Place of Business:	New Prince	cipal Place of Business:	
31 SE HARBOR POINT DR STUART, FL 34996			PO BOX 1123 STUART, FL 34995	
Current Mailing	Address:	New Maili	ng Address:	
31 SE HARBOR STUART, FL 349		PO BOX 1 STUART, I		
FEI Number: 65-114	1722 FEI Number Applied For () FEI N	lumber Not App	licable () Certificate of Status Desired ()	
Name and Addre	ess of Current Registered Agent:	Name and	Address of New Registered Agent:	
BONAN, ELIZAB 759 S. FEDERAL STUART, FL 349	. HIGHWAY, #212			
The above name n the State of Flo		e of changing i	its registered office or registered agent, or both,	
SIGNATURE:				
	Electronic Signature of Registered Agent		Date	
		ADDITION		
DFFICERS AND Fitle: Name: Address:		ADDITION Title: Name: Address: City-St-Zip:	PRES () Change (X) Addition EDWARDS, NORMAN PO BOX 1123	
DFFICERS AND Fittle: Name: Address: City-St-Zip: Fittle: Name: Address:	DIRECTORS:	Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECTOR PRES () Change (X) Addition EDWARDS, NORMAN PO BOX 1123	
OFFICERS AND Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	DIRECTORS: () Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	PRES () Change (X) Addition EDWARDS, NORMAN PO BOX 1123 STUART, FL 34995 VP () Change (X) Addition GIACHINO, JUAN C JR PO BOX 1123	
OFFICERS AND Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	DIRECTORS: () Delete () Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PRES () Change (X) Addition EDWARDS, NORMAN PO BOX 1123 STUART, FL 34995 VP () Change (X) Addition GIACHINO, JUAN C JR PO BOX 1123 STUART, FL 34995 DIR () Change (X) Addition FOTH, JAMES PO BOX 1123	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIE T. DONN TREA 04/20/2006