

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004733

FILED
Jan 26, 2007
Secretary of State

Entity Name: SNUG HARBOR WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1123
STUART, FL 34995

New Principal Place of Business:

11 - 91 SE RIVER LIGHTS COURT
STUART, FL 34996

Current Mailing Address:

PO BOX 1123
STUART, FL 34995

New Mailing Address:

FEI Number: 65-1141722 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BONAN, ELIZABETH ESQ.
759 S. FEDERAL HIGHWAY, #212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: EDWARDS, NORMAN
Address: PO BOX 1123
City-St-Zip: STUART, FL 34995

Title: VP () Delete
Name: GIACHINO, JUAN C JR
Address: PO BOX 1123
City-St-Zip: STUART, FL 34995

Title: DIR () Delete
Name: FOTH, JAMES
Address: PO BOX 1123
City-St-Zip: STUART, FL 34995

Title: SEC () Delete
Name: FOTH, CHERYL
Address: PO BOX 1123
City-St-Zip: STUART, FL 34995

Title: TREA () Delete
Name: DONN, CHRISTIE T
Address: PO BOX 1123
City-St-Zip: STUART, FL 34995

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FOTH, JAMES
Address: PO BOX 1123
City-St-Zip: STUART, FL 34995

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: EDWARDS, NORMAN
Address: PO BOX 1123
City-St-Zip: STUART, FL 34995

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/26/2007

Electronic Signature of Signing Officer or Director

Date