

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90019 002 ****61.25

DOCUMENT # N01000008045					
1. Entity Name SNUG HARBOUR TOWNHOMES OF JACKSONVILLE, INC.					
Principal Place of Business 1570 MARDIS PLACE W JACKSONVILLE, FL 32205			Mailing Address 1570 MARDIS PLACE W JACKSONVILLE, FL 32205		
2. Principal Place of Business - No P.O. Box # 1558 MARDIS PL W		3. Mailing Address 1558 MARDIS PL W			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE		4. FEI Number 59-3739389	
Zip 32205		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINGER, DONALD 1570 MARDIS PLACE WEST JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name CLAXTON, STEVE Street Address (P.O. Box Number is Not Acceptable) 1558 MARDIS PL W City JACKSONVILLE FL Zip Code 32205		
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 <u>Steve Claxton</u> 2-19-07 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 May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME FINGER, DONALD STREET ADDRESS 1570 MARDIS PLACE W. CITY-ST-ZIP JACKSONVILLE, FL 32205	☐ Delete		TITLE P NAME CLAXTON, STEVE STREET ADDRESS 1558 MARDIS PL W CITY-ST-ZIP JACKSONVILLE, FL 32205	☒ Change ☐ Addition	
TITLE SD NAME RHODES, JT STREET ADDRESS 1566 MARDIS PLACE W CITY-ST-ZIP JACKSONVILLE, FL 32205	☐ Delete		TITLE SD NAME DANIEL E. LOY STREET ADDRESS 5562 MARDIS PLACE EAST CITY-ST-ZIP JACKSONVILLE, FL 32205	☒ Change ☐ Addition	
TITLE T NAME AYER, MARY STREET ADDRESS 3328 BLACKSTONE COURT CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	☐ Delete		TITLE T NAME JOHN C. HILBERT STREET ADDRESS 5558 MARDIS PL E CITY-ST-ZIP JACKSONVILLE, FL 32205	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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: <u>Steve Claxton</u>			2-19-07 904-219-7437		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		