

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90006 041 \*\*\*\*72.75

<b>DOCUMENT # N01000008045</b>					
<b>1. Entity Name</b> SNUG HARBOUR TOWNHOMES OF JACKSONVILLE, INC.					
<b>Principal Place of Business</b> 1558 MARDIS PL W JACKSONVILLE, FL 32205			<b>Mailing Address</b> 1558 MARDIS PL W JACKSONVILLE, FL 32205		
<b>2. Principal Place of Business - No P.O. Box #</b> 5562 MARDIS PL E Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5562 MARDIS PL E Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE FL		<b>City &amp; State</b> JACKSONVILLE FL		<b>4. FEI Number</b> 59-3739389	
<b>Zip</b> 32205		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CLAXTON, STEVE 1558 MARDIS PLACE WEST JACKSONVILLE, FL 32205			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> LOY, DANIEL E <b>Street Address (P.O. Box Number is Not Acceptable)</b> 5562 MARDIS PL E <b>City</b> JACKSONVILLE <b>FL</b> <b>Zip Code</b> 32205		
<b>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.</b> <b>SIGNATURE</b> <u>Daniel E. Loy</u> <b>DANIEL E. LOY</b> <b>1/11/08</b> <small>Signature, typed or printed name of registered agent, and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P <b>NAME</b> CLAXTON, STEVE <b>STREET ADDRESS</b> 1558 MARDIS PL W <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> LOY, DANIEL E <b>STREET ADDRESS</b> 5562 MARDIS PL EAST <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> HILBERT, JOHN C <b>STREET ADDRESS</b> 5558 MARDIS PL E <b>CITY-ST-ZIP</b> GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> P <b>NAME</b> LOY, DANIEL E <b>STREET ADDRESS</b> 5562 MARDIS PL E <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> SD <b>NAME</b> KEEN, JAMES <b>STREET ADDRESS</b> 1572 MARDIS PL W <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> T <b>NAME</b> WALLEN, LARRY <b>STREET ADDRESS</b> 5552 MARDIS ALE <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Larry Wallen</u> <b>Larry Wallen</b> <b>1/11/08</b> <b>(904) 387-8493</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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