

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008045

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** SNUG HARBOUR TOWNHOMES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

5562 MARDIS PL E  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

1570 MARDIS PL W  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

5562 MARDIS PL E  
JACKSONVILLE, FL 32205

**New Mailing Address:**

1570 MARDIS PL W  
JACKSONVILLE, FL 32205

**FEI Number:** 59-3739389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOY, DANIEL E  
5562 MARDIS PL E  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

FINGER, DENIA  
1570 MARDIS PL W  
JACKSONVILLE, FL 32205 US

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: DENIA FINGER

02/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOY, DANIEL E  
Address: 5562 MARDIS PL E  
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete  
Name: KEEN, JAMES  
Address: 1572 MARDIS PL W  
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete  
Name: WALLEN, LARRY  
Address: 5552 MARDIS PL E  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FINGER, DENIA  
Address: 1579 MARDIS PL W  
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD (X) Change ( ) Addition  
Name: AYER, MARY  
Address: 3328 BLACKSTONE COURT  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T (X) Change ( ) Addition  
Name: CLAXTON, CHRIS  
Address: 1558 MARDIS PL W  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify 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: CHRIS CLAXTON

T

02/10/2009

Electronic Signature of Signing Officer or Director

Date