


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-21-2004 90010 044 ****70.00

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DOCUMENT # N03000003911					
1. Entity Name SNUG HARBOR VILLAS MASTER ASSOCIATION, INC.					
Principal Place of Business 942 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145 8825 TAHIAHI TRAIL E NAPLES FL 34113			Mailing Address 942 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145 8825 TAHIAHI TRAIL E NAPLES FL 34113		
2. Principal Place of Business PO Box 380758			3. Mailing Address PO Box 380758		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Murdoch, FL			City & State Murdoch, FL		
Zip 33938		Country US		4. FEI Number 20-1121770	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WISEMAN, TAMELA E 350 FIFTH AVE. SOUTH, STE. 203 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Wishard, Kristine Street Address (P.O. Box Number is Not Acceptable) 23081 Harborview Rd. City Port Charlotte FL Zip Code 33980		
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><i>Kristine Wishard</i></u> DATE <u>3/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOFF, JOSEPH D 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete <i>ael</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OYER, STEVEN D 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, JACK F 2860 AIRPORT RD. SOUTH NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>[Signature]</i></u> PSTD			Date <u>4-14-04</u> Daytime Phone # <u>239-774-5333</u>		