

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2004 90010 042 ****70.00

DOCUMENT # N03000003916					
1. Entity Name SNUG HARBOR VILLAS I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 942 COLLIER BLVD MARCO ISLAND, FL 34145 8825 TAMiami TRAIL E NAPLES FL 34113			Mailing Address 942 COLLIER BLVD MARCO ISLAND, FL 34145 8825 TAMiami 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 Murdock FL		City & State Murdock FL		4. FEI Number 20-1121850	
Zip 33938		Country US		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				03232004 Chg-NP CR2E037 (10/03)	
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): 23061 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>Kristine Wishard</u> Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when renewing)				DATE: <u>3/23/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE: PSID NAME: Boff, Joseph D STREET ADDRESS: 942 N. Collier Blvd CITY-ST-ZIP: Marco Island, FL 34145					☐ Change ☒ Addition
TITLE: D NAME: Oyer, Steven D STREET ADDRESS: 942 N. Collier Blvd CITY-ST-ZIP: Marco Island, FL 34145					☒ Change ☒ Addition
TITLE: D NAME: Stanley, Jack F STREET ADDRESS: 2660 Airport Rd. South CITY-ST-ZIP: Naples, FL 34112					☒ Change ☒ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____					☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____					☐ Change ☐ Addition
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 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>[Signature]</u> PSID 4-15-04 239-774-5333					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					