

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90312 050 ****61.25

DOCUMENT # N03000007899		
1. Entity Name SNUG HARBOUR CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 423 - 150TH AVENUE MADEIRA BEACH, FL 33708	Mailing Address 3001 EXECUTIVE DR. STE. 260 CLEARWATER, FL 33762
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50043951



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0235192	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. STE. 260 CLEARWATER, FL 33762		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWANDT, WILLIAM 423 - 150TH AVENUE MADEIRA BEACH, FL 33708	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Horder, Jim 425 150th Ave #2305 Madeira Beach, FL 33708	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHWANDT, ELLEN 423 - 150TH AVENUE MADEIRA BEACH, FL 33708	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Denton, Ron 425 150th Ave #2501 Madeira Beach, FL 33708	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWANDT, WILLIAM JR 423 - 150TH AVENUE MADEIRA BEACH, FL 33708	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Dickinson, Diane P.O. Box 1332 Dunedin, FL 34697	☐ 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 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: *Diane A. Dickinson* **DIANE A. DICKINSON**
Date: 4/20/05 Daytime Phone #: 727 938 7949