

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90435 005 ****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**

INITIAL

40060822



2. Principal Place of Business

3001 Executive Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite 260

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33762

Country

Zip

Country

01312006

Chg-NP

CR2E037 (11/05)

4. FEI Number
20-0235192

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR.
STE. 260
CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PD	<input type="checkbox"/> Delete
NAME	HORDER, JIM	
STREET ADDRESS	425 150TH AVE. # 2305	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENTON, RON	
STREET ADDRESS	425 150TH AVE. # 2501	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DICKINSON, DIANE	
STREET ADDRESS	P.O. BOX 1332	
CITY-ST-ZIP	DUNEDIN, FL 34697	
TITLE	TD	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Whittenhall	
STREET ADDRESS	423 150th Ave., #1405	
CITY-ST-ZIP	Madeira Beach, FL 33708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Parker	
STREET ADDRESS	423 150th Ave., #1501	
CITY-ST-ZIP	Madeira Beach, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-06

573-9300