2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N04000010207

Entity Name: SNUG HARBOUR CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10335 GULF BREEZE HWY
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180090
RICHMOND, MS 39218

New Mailing Address:

FEI Number: 20-1001513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JAMES S
BEGGS & LANE, RLLP
501 COMMENDENCIA ST
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: GREENE, MICHAEL
Address: P O BOX 180090
City-St-Zip: RICHMOND, MS 39218

Title: DVPS ( ) Delete
Name: VOGT, HAROLD G
Address: 30475 FAIRES RD
City-St-Zip: ELBERTA, AL 36530

Title: D ( ) Delete
Name: UZDEVENES, GREGORY R
Address: 918 E CERVANTES ST
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOFFMAN, CHARLES
Address: 4018 INDIGO DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: VD (X) Change ( ) Addition
Name: FRANKLIN, WILLIAM
Address: 3112 COQUINA WAY
City-St-Zip: GULF BREEZE, FL 32563

Title: SD (X) Change ( ) Addition
Name: RENFROW, SEAN
Address: 10335 GULF BEACH HWY #506
City-St-Zip: PENSACOLA, FL 32507

Title: TD ( ) Change (X) Addition
Name: SLUDER, GARY
Address: 2791 WELLER AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Change (X) Addition
Name: HARTSOG, JEFF
Address: 2055 SHEFFIELD DRIVE
City-St-Zip: JACKSON, MS 39211

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: CHARLES HOFFMAN PD 04/28/2008

Electronic Signature of Signing Officer or Director — Date