

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 31, 2009
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:**10335 GULF BEACH HWY
PENSACOLA, FL 32507**Current Mailing Address:**P.O. BOX 34200
PENSACOLA, FL 32507**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:**STEPHENSON, SAMUEL B
13753 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

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: SAMUEL BRIAN STEPHENSON

08/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

P

08/31/2009

Electronic Signature of Signing Officer or Director

Date