-2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000508

1. Entity Name
SNUG HARBOUR ASSOCIATION OF JACKSONVILLE,
INC.



INC.							
3620 PEORIA RD 362		Mailing Address 3620 PEORIA RD ORANGE PARK, FL 3206	620 PEORIA RD		գրրոցմոր		
2 Principal P	Place of Business - No P.O. Box #	2 Mailing Address					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address		ULLIK BENIK BENIN BENIN BENIN BENIN BENIN		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007 _C	hg-NP CR2E037	(12/06)	
City & State		City & State		4. FEI Number	1214958	 	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Si	tatus Desired	8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Add	tress of New Registered Ag	gent	
SMITH, CHRISTINE			Name				
3620 PEORIA RD ORANGE PARK, FL 32065			Street Address (P.O. Box Number is Not		Not Acceptable)		
			City		FL	Zip Code	e
8. The above the obligat	named entity submits this statement fitions of registered agent.	or the purpose of changing its re-	gistered office or regist	ered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	Registered Agent signature requir	ed when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2007		<u> </u>	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
	_			\$5.00 May Be Added to Fees			
10.	Due by May 1, 2007 OFFICERS AND D	Trust Fund Cor		Added to Fees		nent of St	tate
TITLE	OFFICERS AND D	Trust Fund Cor	ntribution. 11. TITLE	Added to Fees	Florida Departr ES TO OFFICERS AND DIRI	nent of St	tate
TITLE NAME	OFFICERS AND DO SMITH, CHRISTINE	Trust Fund Cor	11. TITLE NAME	Added to Fees	Florida Departr ES TO OFFICERS AND DIRI	ment of St ECTORS IN	1 10
TITLE	OFFICERS AND D	Trust Fund Cor	ntribution. 11. TITLE	Added to Fees	Florida Departr ES TO OFFICERS AND DIRI	ment of St ECTORS IN	1 10
TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND D SMITH, CHRISTINE 3620 PEORIA RD	Trust Fund Cor	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Departr	ment of St	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND D SMITH, CHRISTINE 3620 PEORIA RD	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departr	ment of St ECTORS IN	1 10
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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 lequired 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, withall other like exprowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

Daytime Phone #

FILED

Jan 25, 2007 8:00 am Secretary of State

01-25-2007 90052 013 ****61.25