2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

May 14, 2007 8:00 am Secretary of State DOCUMENT # N08928 05-14-2007 90095 037 ****61.25 1. Entity Name SNUG HARBOUR OF SHELL POINT CONDOMINIUM ASSOCIATION, INC. apply for a number and will notify you when received. 12) Principal Place of Business Mailing Address 36 SEABREEZE DR. P.O. BOX 3874 TALLAHASSEE, FL 32315 CRAWFORDVILLE, FL 32327 2. Principal Place of Business - No P.O. Box # 3500 Valley Suite, Apt. #, etc. Suite, Apt. #, etc. 05092007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 59-2386882 lahassee Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TYRE, CURTIS 1114 N. ADAMS STREET TALLAHASSEE FL 32303 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 agei resuces SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Defete TITLE Addition STERLING, BARBARA NAME NAME STREET ADDRESS 36 SEA BREEZE DRIVE, STUDIO #2 STREET ADDRESS CRAWFORDVILLE, FL 32327 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Defete TITLE TYRE, JANICE NAME 36 SEA BREEZE DR., APT. #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE, FL 32327 CITY-ST-ZIP TITLE D ☐ Defete ☐ Addition DOWNEY, LINDA NAME NAME STREET ADDRESS 3500 VALLEY CREEK DRIVE STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change X Addition TITI F Bickel, Gretchen NAME NAME 36 Sea Breeze Dr. Studio #1 STREET ADDRESS STREET ADDRESS Crawfordville CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 al an address, with all other like empowered. 1nda 20 W NW

AME OF SIGNING OFFICER OR DIRECTOR