

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

96 SEP -6 AM 8:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #**

**AMENDED**  
 N23969

1. Corporation Name

**SNUG HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7600 U.S. #1  
 Micco, Florida 32976

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 Micco, Florida 32976

3. Date Incorporated or Qualified

12/18/1987

3a. Date of Last Report

4/10/96

4. FEI Number

59-2977605

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICTORIA DORADO  
 4039 SNOWY EGRET DRIVE  
 MELBOURNE, FLORIDA 32904

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.009 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the principal officer, director, or other person designated to file this report

(NOTE: Registered Agent signature not required when removing agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P  
 NAME: GOULD, PAUL  
 STREET ADDRESS: RANCHO LA PUERTA 419  
 CITY-ST-ZIP: TECATE CA

11 TITLE: P  
 12 NAME: GOULD, PAUL  
 13 STREET ADDRESS: 240 ALTIVO AVENUE  
 14 CITY-ST-ZIP: LA SELVA BCH, CA 95076

TITLE: VD  
 NAME: ROTH, ROBERT  
 STREET ADDRESS: 172 DEAN ROAD  
 CITY-ST-ZIP: BROOKLINE, MA

21 TITLE: VD  
 22 NAME: ROTH, ROBERT  
 23 STREET ADDRESS: 172 DEAN ROAD  
 24 CITY-ST-ZIP: BROOKLINE, MA

TITLE: TD  
 NAME: DORADO, VICTORIA  
 STREET ADDRESS: 4039 SNOWY EGRET DR.  
 CITY-ST-ZIP: MELBOURNE, FL

31 TITLE: TD  
 32 NAME: DORADO, VICTORIA  
 33 STREET ADDRESS: 4039 SNOWY EGRET DR.  
 34 CITY-ST-ZIP: MELBOURNE, FL

TITLE: SD  
 NAME: GILLETTE, ROBYN  
 STREET ADDRESS: 9590 HIBISCUS AVE.  
 CITY-ST-ZIP: MICCO, FL

41 TITLE: SD  
 42 NAME: MICHAEL ROSKOS  
 43 STREET ADDRESS: 2740 COZUMEL DR., 1312  
 44 CITY-ST-ZIP: MELBOURNE, FL

TITLE: D  
 NAME: RESNICK, LAWRENCE  
 STREET ADDRESS: 7679 GREAT BEAR LAKE DRIVE  
 CITY-ST-ZIP: MICCO, FL

51 TITLE: D  
 52 NAME: BERGAMINI, MARIE  
 53 STREET ADDRESS: 7660 GREAT BEAR LAKE DRIVE  
 54 CITY-ST-ZIP: MICCO, FL

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

61 TITLE: [Blank]  
 62 NAME: [Blank]  
 63 STREET ADDRESS: [Blank]  
 64 CITY-ST-ZIP: [Blank]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Victoria Dorado*

Victoria Dorado

9/4/96

561-664-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)