


FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23969** (1)  
1. Corporation Name  
**SNUG HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 7600 U.S. #1 MICCO FL 32976	Mailing Address 7600 U.S. #1 MICCO FL 32976-7437
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3. Date Incorporated or Qualified 12/18/1987	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number 59-2977605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DORADO, VICTORIA  
4039 SNOWY EGRET DR.  
MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOULD, PAUL L.	
STREET ADDRESS	240 ALTIVO AVENUE	
CITY-ST-ZIP	LA SELVA BCH CA 95076	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROTH, ROBERT	
STREET ADDRESS	172 DEAN RD.	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DORADO, VICTORIA	
STREET ADDRESS	4039 SNOWY EGRET DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSKOS, MICHAEL	
STREET ADDRESS	2740 COZUMEL DR., 1312	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RESNICK, LAWRENCE	
STREET ADDRESS	7879 GREAT BEAR LAKE DR.	
CITY-ST-ZIP	MICCO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGAMINI, MARIE	
STREET ADDRESS	7860 GREAT BEAR LAKE DRIVE	
CITY-ST-ZIP	MICCO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOULD, PAUL L.
1.3 STREET ADDRESS	328 Swanton Road
1.4 CITY-ST-ZIP	Davenport, CA 95017
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, 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* **NEQUIRED** **Dorado** 4/25/97 561 664-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone # 0021079

CR2E037 (9/96)