


**FILE NOW: FILING FEE IS \$61.25**

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1997 OCT -6 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

*Amended*

**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

3. Date Incorporated or Qualified: 12/18/1987  
3a. Date of Last Report: 4/25/97

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2977605	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Country	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)  
**100002317761--0**  
83 -10/10/97--01034--024  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
84 City  
**FL** 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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOULD, PAUL L.	
STREET ADDRESS	328 SWANTON ROAD	
CITY-ST-ZIP	DAVENPORT, CA 95017	
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 type="checkbox"/> DELETE
NAME	BERGAMINI, MARIE	
STREET ADDRESS	7660 GREAT BEAR LAKE DRIVE	
CITY-ST-ZIP	MICCO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD ROSKOS, MICHAEL
4.3 STREET ADDRESS	1381 KNOLLWOOD RD NE
4.4 CITY-ST-ZIP	PALM BAY, FL 32907
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 checked="" type="checkbox"/> Addition
6.2 NAME	D WOOD, THEODORE
6.3 STREET ADDRESS	7576 CHASTA ROAD
6.4 CITY-ST-ZIP	MICCO, FL 32976

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 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 9-29-97 (561) 664-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)