

FILE NOW: FILING FEE IS \$61.25

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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
12/18/1987

4. FEI Number 59-2977605	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Camco Services, Inc. 27 Suite, Apt. #, etc. 4445 N A1A 150A 28 City & State Vero Beach FL 32963 29 Zip 32963 30 Country Indian River
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 Camco Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 4445 N A1A
83 Suite Suite 150 A
84 City Vero Beach
85 Zip Code FL 32963

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: *Paul Bertini* DATE: **4/16/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOULD, PAUL L	
STREET ADDRESS	328 SWANTON RD.	
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	1381 KNOLLWOOD ROAD N.E.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGAMINI, MARIE	
STREET ADDRESS	7660 GREAT BEAR LAKE DRIVE	
CITY-ST-ZIP	MICCO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOD, THEODORE	
STREET ADDRESS	7576 CHASTA ROAD	
CITY-ST-ZIP	MICCO FL 32976	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SINISCALCHI, ROCCO	
1.3 STREET ADDRESS	7581 Cedar Bark Road	
1.4 CITY-ST-ZIP	Micco, FL 32976	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERGAMINI, MARIE	
2.3 STREET ADDRESS	7660 Great Bear Lake Dr	
2.4 CITY-ST-ZIP	Micco, FL 32976	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOBEK, MARY	
3.3 STREET ADDRESS	5387 Hammerstone Ct	
3.4 CITY-ST-ZIP	Micco, FL 32976	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DORADO, VICTORIA	
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 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: *Paul Bertini* DATE: **4/16/98**

CR2E037 (10/97)