

**FILED**  
**Jun 22, 1999 8:00 am**  
**Secretary of State**

06-22-1999 90010 035 \*\*\*\*61.25

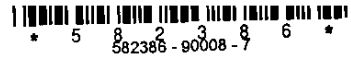
**CORPORATION ANNUAL REPORT 1999**

**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N23969** ✓

1. Corporation Name  
**SNUG HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 7645 Kyak Court                      7645 Kyak Court  
 Micco, Florida 32976                  Micco, Florida 32976



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/18/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2977605	
22 City & State		27 City & State		Applied For	
				Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
* PAUL PATESTRINI CAMCO SERVICES INC. 4445 N. ALA SUITE 150A VERO BEACH FL. 32963				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 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 Patrini*      DATE: 6-14-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Pres. D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Mary Dobek		1.2 NAME		
STREET ADDRESS	5387 Hammerstone Court		1.3 STREET ADDRESS		
CITY-ST-ZIP	Micco, Florida 32976		1.4 CITY-ST-ZIP		
TITLE	V. Pres. D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Marie Bergamini		2.2 NAME		
STREET ADDRESS	7660 Great Bear Lake Dr.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Micco, Florida 32976		2.4 CITY-ST-ZIP		
TITLE	V. Pres. D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Vickie Dorado		3.2 NAME		
STREET ADDRESS	4039 Snowy Egret Dr.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Melbourne, Florida 32904		3.4 CITY-ST-ZIP		
TITLE	S/T D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Albert Brandt		4.2 NAME		
STREET ADDRESS	07558 Montauk Avenue		4.3 STREET ADDRESS		
CITY-ST-ZIP	Micco, Florida 32976		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	William Basos		5.2 NAME		
STREET ADDRESS	7634 Great Bear Lake Dr.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Micco, Florida 32976		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Mary J. Dobek*      DATE: 6-14-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRZE037 (1/198)