

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550. IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.

NOT FOR PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV 30 AM 9:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N23969
 1. Corporation Name

SNUG HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7645 KYAK COURT
 MICCO, FL. 32976

7645 KYAK COURT
 MICCO, FL. 32976

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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3. Date Incorporated or Qualified
 12-18-87

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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name ALFRED BRANDT
 82 Street Address (P.O. Box Number is Not Acceptable)
 7558 MONTAUK AVENUE
 83 MICCO, FL. 32976
 84 City MICCO, FL 85 Zip Code 32976

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Alfred R. Brandt*

11-21-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	MARY DOBEK	
STREET ADDRESS	5387 HAMMERSTONE COURT	
CITY-STATE-ZIP	MICCO, FL. 32976	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	MARIE BERGANINI	
STREET ADDRESS	7660 GREAT BEAR LAKE DR.	
CITY-STATE-ZIP	MICCO, FL. 32976	
TITLE	V, P./D	<input type="checkbox"/> DELETE
NAME	VICKIE DORADO	
STREET ADDRESS	4039 SNOWY EGRET DR.	
CITY-STATE-ZIP	MELBOURNE, FL. 32904	
TITLE	S/T/D	<input type="checkbox"/> DELETE
NAME	ALFRED BRANDT	
STREET ADDRESS	7558 MONTAUK ROAD	
CITY-STATE-ZIP	MICCO, FL. 32976	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM BASOS	
STREET ADDRESS	7634 GREAT BEAR LAKE DR.	
CITY-STATE-ZIP	MICCO, FL. 32976	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIE BERGANINI	
1.3 STREET ADDRESS	7660 GREAT BEAR LAKE DR.	
1.4 CITY-STATE-ZIP	MICCO, FL. 32976	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MORTIMER ROTHSTEIN	
2.3 STREET ADDRESS	7550 MONTAUK AVENUE	
2.4 CITY-STATE-ZIP	MICCO, FL. 32976	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALTON WILLIAMSON	
3.3 STREET ADDRESS	5451 BANNOCK STREET	
3.4 CITY-STATE-ZIP	MICCO, FL. 32976	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	800003069778--5	
4.4 CITY-STATE-ZIP	-12/14/99--01086--004	
	*****70.00 *****70.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alfred R. Brandt* ALFRED R. BRANDT S/T/D 11-21-99 (561) 664-5459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

KE