

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90035 021 \*\*\*\*61.25

0070698

**DOCUMENT # N23969**

1. Entity 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  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2977605**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANDT, ALFRED  
 7558 MONTAUK AVENUE  
 MICCO FL 32976**

Name

**Yenawine, "Hite" Eugene**

Street Address (P.O. Box Number is Not Acceptable)

**5399 Bannock st**

City

**Micco,**

**FL**

Zip Code

**32976**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

**EUGENE HITE YENAWINE**

(NOTE: Registered Agent signature required when reinstating)

**02-21-02**

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PCD ARPINO, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7610 LONGHORN AVENUE	
CITY-ST-ZIP	MICCO FL 32976	
TITLE NAME	1VD ROTHSTEIN, MORTIMER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7550 MONTAUK AVENUE	
CITY-ST-ZIP	MICCO FL 32976	
TITLE NAME	2VD ARONOFKY, JOSEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7535 CHASTA RD	
CITY-ST-ZIP	MICCO FL 32976	
TITLE NAME	TDM BRANDT, ALFRED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7558 MONTAUK AVE	
CITY-ST-ZIP	MICCO FL 32976	
TITLE NAME	D KEOUGH, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7607 CHASTA ROAD	
CITY-ST-ZIP	MICCO FL 32976	
TITLE NAME	S FRANCOEUR, SHIRELY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7646 LONGHORN AVENUE	
CITY-ST-ZIP	MICCO FL 32976	

TITLE NAME	PCD Yenawine, "Hite" Eugene	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5399 Bannock St	
CITY-ST-ZIP	Micco, FL 32976	
TITLE NAME	VPD Oddy, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7647 Great Bear Lake DR	
CITY-ST-ZIP	Micco, FL 32976	
TITLE NAME	RSD Shirley Francoeur	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7646 Longhorn Ave	
CITY-ST-ZIP	Micco, FL 32976	
TITLE NAME	CSD Jeanrita Aldrich	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5455 Bannock St	
CITY-ST-ZIP	Micco, FL 32976	
TITLE NAME	TCD Shirley Francoeur	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7646 Longhorn Ave	
CITY-ST-ZIP	Micco, FL 32976	
TITLE NAME	D Don Aubin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7560 Chasta Rd	
CITY-ST-ZIP	Micco, FL 32976	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**EUGENE HITE YENAWINE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**772- 663-5832**  
**2-21-02**

CR2E037 (9/01)