2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 09, 2008 8:00 am

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|---|--|---------------------|--|--|--|---|---|------------------------------------|------------------------------------|---|------------------------------|
| DOCUMENT # N23969 1. Entity Name SNUG HARBOR LAKES CONDOMINIUM ASSOCIATION, INC. | | | | | | Secretary of State 04-09-2008 90036 046 ****61.25 | | | | | |
| Principal Place of Business 7645 KYAK COURT MICCO, FL 32976 | | 7645 | Mailing Address 7645 KYAK COURT MICCO, FL 32976 US | | | | - 1 (1) (1) (1) (1) (1) | Karo inio iriyo deli | | ni Ridii dieri 9fani didii | 3 (2) () () () |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 03282008 | Chg-NP | CR2 | E037 (12/06) | | |
| City & State | | City & State | | | | | 4. FEI Numbe 59-2977 | | | | plied For t Applicable |
| Zip | Country | Zip | | Cou | untry | | 5. Certificate | of Status Desire | ed 🔲 | \$8.75 Add Fee Required | |
| | 6. Name and Address of Current | Registere | d Agent | | | | 7. Name and | Address of Ne | w Register | ed Agent | |
| C/O C. JOH 2500 MAIT | L POLIAKOFF, P.A. HN CHRISTENSEN, ESQ. LAND CENTER PARKWAY, # D, FL 32751 | ‡209 | | | Street Ad | dress (| P.O. Box Numbe | r is Not Accept | able) | | |
| | | | | | City | | | | | FL Zip Code | e |
| | named entity submits this statement folions of registered agent. | or the purp | ose of changing its | register | ed office or | register | red agent, or bot | h, in the State o | of Florida. I | am familiar with, | and accept |
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| | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | l and title if app | slicable. (NOTE | : Registere | ed Agent signatu | re required | 1 when reinstating) | | DA | VIE | |
| | Filing Fee is \$61.25 | t and title if app | 9. Election Can | npaign F | inancing | ure required | \$5.00 May B | | Make ch | neck payable to | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | | | npaign F Contribut | inancing tion. | | \$5.00 May B Added to Fees | ' | Make ch Florida De | neck payable to partment of St | tate |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

**The certify that the information indicated on this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the composition of the receiver or trustee empowered.

**The certify that the information indicated on this 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 the corporation or on an attachment with an address. When the information indicated on this 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 of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the receiv