

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90036 046 ****61.25

DOCUMENT # N23969 1. Entity Name SNUG HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7645 KYAK COURT MICCO, FL 32976			Mailing Address 7645 KYAK COURT MICCO, FL 32976 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2977605	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. C/O C. JOHN CHRISTENSEN, ESQ. 2500 MAITLAND CENTER PARKWAY, #209 MAITLAND, FL 32751				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	VP	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LEFEVRE, DAVID		NAME	Lorraine Upperman	
STREET ADDRESS	7655 GREAT BEAR LAKE DRIVE		STREET ADDRESS	7674 Fox Hunter Circle	
CITY-ST-ZIP	MICCO, FL 32976		CITY-ST-ZIP	Micco, FL 32976	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KIRCHMYER, RAYMOND		NAME		
STREET ADDRESS	7651 GREAT BEAR LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MICCO, FL 32976		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	DEMAR, ANTHONY		NAME		
STREET ADDRESS	1068 DRACENA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MICCO, FL 32976		CITY-ST-ZIP		
TITLE	Tres.	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	John Whitcomb		NAME		
STREET ADDRESS	7658 Niantic Ave.		STREET ADDRESS		
CITY-ST-ZIP	Micco, FL 32976		CITY-ST-ZIP		
TITLE	S.	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Mary Aronofsky		NAME		
STREET ADDRESS	7535 Chasta Rd.		STREET ADDRESS		
CITY-ST-ZIP	Micco, FL 32976		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Raymond Kirchmyer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/4/08 Date		
			772-539-7049 Daytime Phone #		