## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N23969**

1. Entity Name

## SNUG HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90225 042 \*\*\*\*61.25

|   |  |                                    |   |  |                 | TEST   |   |   |                  |                                 |                             |             |
|---|--|------------------------------------|---|--|-----------------|--|---|---|------------------|---------------------------------|-----------------------------|-------------|
| Principal Plac  | ce of Business                                 |                                    | Mailing Address   |  | 1               | -  |   |   |                  |                                 |                             |             |
| 7645 KYAK COURT<br>MICCO FL 32976   |  |                                    | 7645 KYAK COURT<br>MICCO FL 32976<br>US                 |  |                 |  | <br>  | 1888 (()) <b>18</b>   <b>2</b>   18 <b>2</b>   19 | 3011 21011 01011 | <b>41811 1181</b> 2 <b>8</b> 11 | EN BIBN IBBN                |             |
| 2. Principal Place of Business  |  |                                    | 3. Mailing Address                                      |  |                 |  |   |   |                  |                                 |                             |             |
| Suite, Apt. #, etc.   |  |                                    | Suite, Apt. #, etc.                                     |  |                 |  | ☐ CHECK HERE IF MAKING CHANGES                    |   |                  |                                 |                             |             |
| City & State  |  |                                    | City & State  |  |                 |  | 4. FEI Number 5                                   | 9-2977605   |                  | _ <del> </del>                  | pplied For<br>ot Applicable | }           |
| Zip Country   |  |                                    | Zip   | Zip Cou  |                 |  | 5. Certificate of Status Desired                  |   |                  | ditional                        | 1                           |             |
|   | 6. Name a                                      | and Address of Current             | Registered Agent  | stered Agent                                       |                 |  | 7. Name and Address of New Registered Agent       |   |                  |                                 |                             |             |
|   |  |                                    |   |  | Name            |  |   |   |                  |                                 |                             | 1           |
|   | & POLIAKOF<br>OHN CHRIST                       | f, p.a.<br>Tensen, esq.            |   | Street Address (P.O. Box Number is Not Acceptable) |                 |  |   |   |                  |                                 |                             |             |
| 2500 MAITLAND CENTER PARKWAY, #209<br>MAITLAND FL 32751   |  |                                    | ,   |  |                 |  |   |   |                  |                                 |                             |             |
|   |  |                                    |   |  | City            |  |   |   | FL               | Zip Cod                         | e                           |             |
| 3. 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   | Signature, typed o                             | printed name of registered agent a | nd title if applicable. (NOT                            | E: Registere                                       | d Agent signate | ure required   | when reinstating)                                 |   | DATE             |                                 |                             | İ           |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | FILE NOW:                                      | FEE IS \$61.25                     | 9. Election Campaign Financing Trust Fund Contribution. |  |                 | \$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State |   |   |                  |                                 |                             |             |
| 10. 4   | I DAD  | OFFICERS AND DIR                   | <del>,</del>  |  |                 |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |                  |                                 |                             |             |
| TTLE,;<br>NAME )<br>STREET, ADDRESS<br>CITY+ST-ZIP  | PCD<br>YENAWINE,<br>5399 BANN<br>MICCO FL      | OCK STREET                         | <b>⊠</b> Delete   |  |                 | 5455   | rita Aldri<br>_Bannock S                          | treet   | ļ                | <b>⊊</b> Change                 | ☐ Addition                  | F037 (10/02 |
| TITLE<br>NAME<br>STREET ADDRESS   | VPD ODDY, ROBERT 7647 GREAT BEAR: LAKE: DRIVE- |                                    | Delete  | TITLE<br>NAM                                       |                 | VP/T<br>Juan   | uanita Cox  |   |                  | ☐ Change                        | Addition                    | CBS         |
| CITY-ST-ZIP   | MICCO FL 32976                                 |                                    |   | CITY   |                 |  | Boxelder l<br>o. Florida                          |   |                  |                                 |                             |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | RSD<br>FRANCOEU<br>7646 LONG<br>MICCO FL       | HORN AVE                           | 🔀 Delete<br>:   |  |                 | 5387   | ie Beller<br>Bannock St<br>o, Florida             |   | l                | ☐ Change                        | <b>⊠</b> Addition           |             |
| ITLE<br>IAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CSD<br>ALDRICH, J<br>5455 BANN<br>MICCO FL 3   | ock street                         | ☐ Delete  |  |                 | D<br>Tony<br>1068  | DeMar<br>Dracena Dr<br>o, Florida                 | rive  | 1                | Change                          | <b>⊠</b> Addition           |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>AUBIN, DOI<br>7560 CHAS<br>MICCO FL       | N<br>TA ROAD                       | <b>ズ</b> Delete   |  |                 | D<br>Louis<br>5331   | se Sullivan<br>Bannock St                         | n<br>treet  | ]                | Change                          | <b>★</b> Addition           |             |
| ITLE<br>NAME<br>STREET ADDRESS<br>SITY-ST-ZIP   | TCD<br>FRANCOEU<br>7646 LONG<br>MICCO FL 3     | HORN AVENUE                        | <b>⋈</b> Delete   |  |                 | 83   | <u>-, , , , , , , , , , , , , , , , , , , </u>    | <i>y = y</i> 1 <i>y</i>                           | ]                | ☐ Change                        | ☐ Addition                  |             |
|   |  |                                    |   |  |                 |  |   |   |                  |                                 |                             | 1           |

2. 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 to the corporation of the corporati

SIGNATURE:

3/28/03 772-1063-1443