

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

04-19-2000 90112 009 ****61.25

DOCUMENT # N23971

1. Entity Name
SNUG HARBOR VILLAGE HOA, INC.

Principal Place of Business C/O CAMCO SERVICES INC 4445 NA1A SUITE 150A VERO BEACH FL 32963 US	Mailing Address 4445 NA1A SUITE 150A VERO BEACH FL 32963 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

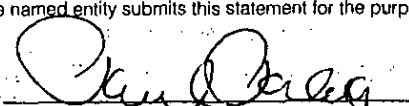
4. FEI Number 59-2977602	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
OAKESTRINI, PAUL
C/O CAMCO SERVICES INC
SUITE 150A
VERO BEACH FL 32963

7. Name and Address of New Registered Agent
Name PALESTRINI, PAUL
Street Address (P.O. Box Number is Not Acceptable) C/O CAMCO SERVICES
4445 NA1A SUITE 150A
City VERO BEACH **FL** **Zip Code** 32963

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  **PAUL PALESTRINI** **DATE** 4/10/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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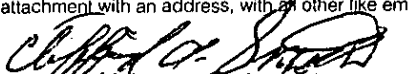
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAHONEY, RONALD 7525 BLACKHAWK RD, D14 MICCO FL 32976	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, FRANK 7630 AGAWAM RD D35 MICCO FL 32976	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEGERE, RITA 5615 ALGONQUIN PL A6 MICCO FL 32976	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CLIFFORD 7480 AGAWAM RD MICCO FL 32976	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, BOB 7625 AGAWAM RD F13 MICCO FL 32976	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:  **CLIFFORD A SMITH** **DATE** 4/10/00 **(561) 664-4576**