2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2005 8:00 am Secretary of State DOCUMENT # N23971 03-28-2005 90071 003 ****61.25 SNUG HARBOR VILLAGE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 7645 KYAK COURT 7645 KYAK COURT 50031048 MICCO, FL 32976 MICCO, FL 32976 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2977602 Applied For City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DORADO, VICTORIA-**2716 WHISTLER STREET** Street Address (P.O. Box Number is Not Acceptable) WEST MELBOURNE, FL 32904 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. WILLIAM LIPSCOMB Defete TITLE PRES Change Addition TITLE HEIDECKER, MARY 7515 AGAWAMRD NAME NAME 7500 AGAWAM ROAD STREET ADDRESS STREET ADDRESS MICCO, FL 32976 CITY-ST-ZIP MICCO, FL 32976 CITY-ST-ZIP S. YP TITLE ☐ Change Addition TITI F Detete LIBONATI, JOAN NAME NAME ROBERT ARSENAULT 7530 AGRWAM RD. STREET ADDRESS 7590 AGAWAM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MICCO, FL 32976 MIRCO, FL 32776 Addition TITLE □ Delete TITLE ☐ Change SMITH, CLIFFORD WAYNE COPLEY NAME NAME 7480 AGAWAM ROAD STREET ADDRESS 7520 AGAWAM RD STREET ADDRESS CITY-ST-ZIP MICCO, FL 32976 CITY-ST-ZIP micco, FL 32976 Delete Change Addition TITLE TIT1E REED, PAT NAME LIOYD RANDOLPH NAME 7485 BLACKHAWK RD. STREET ADDRESS 7615 BLACKHAWK RD STREET ADDRESS CITY-ST-ZIP MICCO, FL 32976 CITY-ST-7IP MICCO, FL 32976 Change Addition TITLE **⊠** Delete TITLE D LOFSTRUM, LEE NAME NAME FREDERICK TURPIN 5640 BUCKHORN PLACE STREET ADDRESS STREET ADDRESS 1510 AGAWAM RD CITY-ST-ZIP MICCO, FL 32976 CITY-ST-ZIP Micco, FL 32976 TITLE ☐ Delete TITLE ☐ Change Addition MARGARET GROGAN NAME STREET ADDRESS 5645 ALGONQUIN PL. STREET ADDRESS Miceo, FL . 32976 12. I hereby certify that the information supplied with this filling 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 his 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 enpowered.

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