2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N23971 04-27-2006 90209 011 ****61.25 1. Entity Name SNUG HARBOR VILLAGE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 7645 KYAK COURT 7645 KYAK COURT MICCO, FL 32976 US MICCO, FL 32976 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2977602 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DORADO, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 2716 WHISTLER STREET WEST MELBOURNE, FL 32904 47 3 City Zip Code FL 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 4 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, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition TITLE XX Delete TITLE ☐ Change LIPSCOMB, WILLIAM NAME NAME Clifford Smith 7515 AGAWAMRD STREET ADDRESS STREET ADDRESS 7480 Agawam Rd. MICCO, FL 32976 CITY-ST-ZIP CITY-ST-ZIP Micco, FL 32976 TITLE ☐ Delete TITLE Change Addition LIBONATI, JOAN NAME NAME Tom Rinelli STREET ADDRESS 7590 AGAWAM ROAD STREET ADDRESS 7535 Agawam Rd CITY-ST-ZIP MICCO, FL 32976 CITY-ST-ZIP Micco, FL 32976 TITLE Delete TITLE ☐ Change Addition ARSENAULT, ROBERT NAME NAME Gene Turpin 7530 AGAWAM RD STREET ADDRESS STREET ADDRESS 7510 Agawam Rd. CITY-ST-ZIP MICCO, FL 32976 CITY-ST-ZIE Micco, FL 32976 TITLE Delete TITLE ☐ Change ☐ Addition COPLEY, WAYNE NAME NAME 7520 AGAWAM RD STREET ADDRESS STREET ADDRESS MICCO, FL 32976 CITY-ST-ZIP CITY-ST-ZIP TITLE XX Delete TITLE ☐ Change ☐ Addition RANDOLPH, LLOYD NAME NAME STREET ADDRESS 7615 BLACKHAWK RD STREET ADDRESS CITY-ST-ZIP MICCO, FL 32976 CITY-ST-7IP ☐ Change TITLE ☐ Defete ■ Addition GROGAN, MARGARET NAME NAME STREET ADDRESS 5645 ALGONQUIN PL STREET ADDRESS MICCO, FL 32976 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.

Clifford Smith

(772) 663-5832

Pres.

Smith

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

FILED