## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 09, 2008 8:00 am Secretary of State 04-09-2008 90036 044 \*\*\*\*61.25

DOCUMENT # N23971  1. Entity Name SNUG HARBOR VILLAGE HOMEOWNERS' ASSOCIATION, INC.					0.	4-09-2008 90	0036 044 **`	**61.25	
Principal Place 7645 KYAK C MICCO, FL 3	OURT	Mailing Address 7645 KYAK COURT MICCO, FL 32976	US			an in in in in i			H I H
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address		···					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03112008	Chg-NP	CR2E037 (	(12/06)	
City & State		City & State			4. FEI Numbe 59-297			<del></del>	plied For Applicable
Zip Country		Zip Co		ntry	5. Certificate of Status Desire		ed S8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered Age	ınt	
	VICTORIA			Name	(0.0 D. Nb-	:- N A	lat.		
	STLER STREET LBOURNE, FL 32904			Street Addi	ress (P.O. Box Numbe	is not acceptab			
				City	······································		FL	Zip Code	,
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	ed office or re	gistered agent, or bot	h, in the State of F	Torida. I am fam	niliar with, a	and accept
SIGNATURE .									
	Clause of the second se			<b></b>	and the state of the same of the same of the same				
	Signature, typed or printed name of registered age	ent and tale # applicable, (NOF	E: Registero	a wateri siausinie i	equired when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund (	mpaign F	inancing	\$5.00 May B	<b>ບ</b>	Make check porida Departm	-	1
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Car Trust Fund (	mpaign F	inancing	\$5.00 May B Added to Fees	<b>ບ</b>	Make check p orida Departm	ent of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D P LIBONATI, JOAN 7590 AGAWAM ROAD	9. Election Car Trust Fund (	mpaign F Contributi 11. TITLE NAM	inancing on.   VE PET ADDRESS 7	\$5.00 May B Added to Fees ADDITIONS/CHA P Pina Turpin 7510 Agawam	ANGES TO OFFICE	Make check p orida Departm ERS AND DIREC	ent of St	ate
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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 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: X

772.664-1960 Destine Phone #