2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23971

FILED Mar 19, 2009 Secretary of State

Entity Name: SNUG HARBOR VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7645 KYAK COURT MICCO, FL 32976 US **Current Mailing Address: New Mailing Address:** 7645 KYAK COURT MICCO, FL 32976 US FEI Number: 59-2977602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DORADO, VICTORIA 2716 WHISTLER STREET WEST MELBOURNE, FL 32904 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LIBONATI, JOAN Name: Name: 7590 AGAWAM ROAD Address: Address: City-St-Zip: MICCO, FL 32976 City-St-Zip: Title: Title: () Delete (X) Change () Addition COPLEY, WAYNE Name: TURPIN, PINA Name: Address: 7520 AGAWAM RD Address: 7510 AGAWAM ROAD City-St-Zip: MICCO, FL 32976 City-St-Zip: MICCO, FL 32976 Title: () Delete Title: (X) Change () Addition RINELLI, TOM RINELLI, TOM Name: Name: Address: 7535 AGAWAM RD Address: 7535 AGAWAM RD City-St-Zip: MICCO, FL 32976 City-St-Zip: MICCO, FL 32976 (X) Change () Addition Title: () Delete Title: Name: GROGAN, MARGARET Name: GILBERT, YVONNE 5645 ALGONQUIN PL Address: Address: 5665 ALGONQUIN PLACE City-St-Zip: MICCO, FL 32976 City-St-Zip: MICCO, FL 32976 Title: () Delete Title: (X) Change () Addition TURPIN, PINA FREDERICK, EARL Name: Name: 7510 ALGONQUIN PL 7590 BLACKHAWK ROAD Address: Address: City-St-Zip: MICCO, FL 32976 City-St-Zip: MICCO, FL 32976 Title: () Delete Title: (X) Change () Addition LOCURTO, FRANK GILBERT, YVONNE Name: Name: Address: 5665 ALGONQUIN PL Address: 5625 ALGONQUIN PLACE MICCO, FL 32976X MICCO, FL 32976 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN LIBONATI P 03/19/2009