

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90005 015 \*\*\*\*61.25

**DOCUMENT # N24953**

1. Entity Name

**SNUG HARBOR TOWNHOME ASSOCIATION OF OKALOOSA COUNTY, INC.**



Principal Place of Business

P.O. BOX 1043  
SHALIMAR FL 32579

Mailing Address

P.O. BOX 1043  
SHALIMAR FL 32579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONARD THOMAS**  
**576 POCAHONTAS DRIVE**  
**FORT WALTON BEACH FL 32547**

Name **TERRE DOMINIQUE**

Street Address (P.O. Box Number is Not Acceptable)

**234 SNUG HARBOUR DRIVE**

City **SHALIMAR**

**FL**

Zip Code  
**32579**

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

*Terre Dominique*

**TERRE DOMINIQUE**

**SECRETARY/TREASURER**

**8/12/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SVD** ☒ Delete  
NAME **MORGAN, RAY**  
STREET ADDRESS **202 SNUG HARBOUR DRIVE**  
CITY - ST - ZIP **SHALIMAR FL**

TITLE **SVD** ☒ Change ☐ Addition  
NAME **THOMAS, LEONARD**  
STREET ADDRESS **576 POCAHONTAS DR.**  
CITY - ST - ZIP **FORT WALTON BEACH 32547**

TITLE **PD** ☐ Delete  
NAME **STARKS, RAY**  
STREET ADDRESS **236 SNUG HARBOUR DR.**  
CITY - ST - ZIP **SHALIMAR FL 32579**

TITLE **TD** ☐ Change ☒ Addition  
NAME **TERRE DOMINIQUE**  
STREET ADDRESS **234 SNUG HARBOUR DR.**  
CITY - ST - ZIP **SHALIMAR, FL 32579**

TITLE **TD** ☒ Delete  
NAME **THOMAS, LEONARD**  
STREET ADDRESS **576 POCAHONTAS DRIVE**  
CITY - ST - ZIP **FORT WALTON BEACH FL 32547**

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

TITLE ☐ Delete  
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 the empowered.

SIGNATURE:

*Handwritten Signature* **President**

**12 AUG 2006 950-585-5626**