


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90067 034 \*\*\*\*61.25

<b>DOCUMENT # N24953</b> 1. Entity Name <b>SNUG HARBOR TOWNHOME ASSOCIATION OF OKALOOSA COUNTY, INC.</b>			
Principal Place of Business <b>P.O. BOX 1043 SHALIMAR, FL 32579</b>		Mailing Address <b>P.O. BOX 1043 SHALIMAR, FL 32579</b>	
2. Principal Place of Business - No P.O. Box # <b>234 SNUG HARBOUR DRIVE</b> Suite, Apt. #, etc. _____		3. Mailing Address Suite, Apt. #, etc. _____	
City & State <b>SHALIMAR, FL</b>		City & State <b>SAME AS ABOVE</b>	
Zip <b>32579</b>	Country <b>OKALOOSA</b>	Zip _____	Country _____
6. Name and Address of Current Registered Agent  <b>DOMINIQUE, TERRE 234 SNUG HARBOUR DR. SHALIMAR, FL 32579</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 <b>TERRE DOMINIQUE Terre Dominique - Secretary/Treasurer 1/8/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARKS, RAY 236 SNUG HARBOUR DR. SHALIMAR, FL 32579	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RAY STARKS</b> <b>236 SNUG HARBOUR DRIVE</b> <b>SHALIMAR, FL 32579</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, LEONARD 576 POCAHONTAS DRIVE FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, LEONARD 576 POCAHONTAS DR. FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LEONARD THOMAS</b> <b>576 POCAHONTAS DRIVE</b> <b>FORT WALTON BEACH, FL. 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOMINIQUE, TERRE 234 SNUG HARBOUR DR. SHALIMAR, FL 32579	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TERRE DOMINIQUE</b> <b>234 SNUG HARBOUR DRIVE</b> <b>SHALIMAR, FL. 32579</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ELECT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RAY MORGAN</b> <b>202 SNUG HARBOUR DRIVE</b> <b>SHALIMAR, FL. 32579</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: Terre Dominique TERRE DOMINIQUE 1/8/08 (850) 685-0330</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT

40001891

#N24953

President Elect  
will be next  
President if President  
moves, etc.

I am not sure what  
PD, TD, VD + TD  
stand for so I have  
written some over to  
clarify title. ~~THANK~~  
YOU

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