

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24953

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** SNUG HARBOR TOWNHOME ASSOCIATION OF OKALOOSA COUNTY, INC.

**Current Principal Place of Business:**

234 SNUG HARBOUR DR  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1043  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOMINIQUE, TERRE  
234 SNUG HARBOUR DR.  
SHALIMAR, FL 32579 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: STARKS, RAY  
Address: 236 SNUG HARBOUR DR.  
City-St-Zip: SHALIMAR, FL 32579

Title: VPD ( ) Delete  
Name: THOMAS, LEONARD  
Address: 576 POCAHONTAS DR.  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ST ( ) Delete  
Name: DOMINIQUE, TERRE  
Address: 234 SNUG HARBOUR DR.  
City-St-Zip: SHALIMAR, FL 32579

Title: PE ( ) Delete  
Name: MORGAN, RAY  
Address: 202 SNUG HARBOUR DR  
City-St-Zip: SHALIMAR, FL 32579

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TERRE DOMINIQUE

ST

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date