

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N30267 (1)**

1. Corporation Name

**SNUG HARBOR COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7645 KYAK COURT  
MICCO FL 32976

7645 KYAK COURT  
MICCO FL 32976



3. Date Incorporated or Qualified

01/19/1989

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARLOW, T. MITCHELL  
123 FIFTH AVENUE  
INDIALANTIC FL**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ROPE	<input checked="" type="checkbox"/> DELETE
NAME	R, PHILIP	
STREET ADDRESS	7596 NIANTIC AVE	
CITY-ST-ZIP	MICCO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DOBEK, MARY	
STREET ADDRESS	5387 HAMMERSTONE CT.	
CITY-ST-ZIP	NMICCO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FANGELOW, RHODA	
STREET ADDRESS	7576 GREAT BEAR LAKE DRIVE	
CITY-ST-ZIP	MICCO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COUGHIAN, MICHAEL	
STREET ADDRESS	5471 BANNOCK ST.	
CITY-ST-ZIP	MICCO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGAMINI, MARIE	
STREET ADDRESS	7660 GREAT BEAR LAKE DR	
CITY-ST-ZIP	MICCO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINISCALCHI, ROCCO	
STREET ADDRESS	7581 CEDAR BARK RD	
CITY-ST-ZIP	MICCO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOBEK, MARY	
1.3 STREET ADDRESS	5387 Hammerstone Court	
1.4 CITY-ST-ZIP	Micco, FL 32976	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BITTER, ALBERT	
2.3 STREET ADDRESS	5416 Bannock St.	
2.4 CITY-ST-ZIP	Micco, FL 32976	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRANCOEUR, SHIRLEY	
3.3 STREET ADDRESS	7646 Longhorn Ave.	
3.4 CITY-ST-ZIP	Micco, FL 32976	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANTHONY, ROBERT J.	
4.3 STREET ADDRESS	7621 Longhorn Ave.	
4.4 CITY-ST-ZIP	Micco, FL 32976	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Anthony* **ROBERT J. ANTHONY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

407 664-0909

Daytime Phone #

CR2E037 (12/95)