


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30267** (1)  
1. Corporation Name  
**SNUG HARBOR COMMUNITY ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
<b>7645 KYAK COURT MICCO FL 32976</b>	<b>7645 KYAK COURT MICCO FL 32976</b>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

**01/19/1989**

4. FEI Number

**59-2640912**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>DOBEK, MARY</b>	
STREET ADDRESS	<b>5387 HAMMERSTONE CT</b>	
CITY-ST-ZIP	<b>MICCO FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>BERGAMINI, MARGIE</b>	
STREET ADDRESS	<b>7660 GREAT BEAR LAKE DRIVE</b>	
CITY-ST-ZIP	<b>MICCO FL 32976</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>FRANCOEUR, SHIRLEY</b>	
STREET ADDRESS	<b>7646 LONGHORN AVE</b>	
CITY-ST-ZIP	<b>MICCO FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>ANTHONY, ROBERT J</b>	
STREET ADDRESS	<b>7621 LONGHORN AVE</b>	
CITY-ST-ZIP	<b>MICCO FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BITTER, ALBERT</b>	
STREET ADDRESS	<b>5416 BANNOCK ST.</b>	
CITY-ST-ZIP	<b>MICCO FL 32976</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SINISCALCHI, ROCCO</b>	
STREET ADDRESS	<b>7581 CEDAR BARK RD</b>	
CITY-ST-ZIP	<b>MICCO FL</b>	

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BERGAMINI, MARIE B.</b>	
1.3 STREET ADDRESS	<b>7660 GREAT BEAR LAKE DR</b>	
1.4 CITY-ST-ZIP	<b>MICCO, FL</b>	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FRANCOEUR, SHIRLEY</b>	
2.3 STREET ADDRESS	<b>7646 LONGHORN AVE MICCO, FL</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DOBEK, MARY</b>	
3.3 STREET ADDRESS	<b>5387 HAMMERSTONE CT.</b>	
3.4 CITY-ST-ZIP	<b>MICCO, FL</b>	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SINISCALCHI, ROCCO</b>	
4.3 STREET ADDRESS	<b>7581 CEDAR BARK RD</b>	
4.4 CITY-ST-ZIP	<b>MICCO, FL</b>	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BITTER, ALBERT</b>	
5.3 STREET ADDRESS	<b>5416 BANNOCK ST</b>	
5.4 CITY-ST-ZIP	<b>MICCO, FL 32976</b>	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>MCQUEEN, ANN</b>	
6.3 STREET ADDRESS	<b>7575 BLACKHAWK RD</b>	
6.4 CITY-ST-ZIP	<b>MICCO, FL 32976</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(i), 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: *Marie B Bergamini* **MARIE B BERGAMINI** 3/21/98 (561)664-9334

CR2E037 (1097)