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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30267

1. Corporation Name

SNUG HARBOR COMMUNITY ASSOCIATION, INC.

Principal Place of Business

7645 KYAK COURT
MICCO FL 32976

Mailing Address

7645 KYAK COURT
MICCO FL 32976

566834-90015-44



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/19/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2640912
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	DOBEK, MARY	1.2 NAME	BERGAMINI, MARIE
STREET ADDRESS	5387 HAMMERSTONE CT	1.3 STREET ADDRESS	7660 GREAT BEAR LAKE DR.
CITY-ST-ZIP	MICCO FL	1.4 CITY-ST-ZIP	MICCO, FL
TITLE	VP	2.1 TITLE	VP
NAME	BERGAMINI, MARGIE	2.2 NAME	FRANCOEUR, SHIRLEY
STREET ADDRESS	7660 GREAT BEAR LAKE DRIVE	2.3 STREET ADDRESS	7646 LONGHORN AVE.
CITY-ST-ZIP	MICCO FL 32976	2.4 CITY-ST-ZIP	MICCO, FL
TITLE	S	3.1 TITLE	S
NAME	FRANCOEUR, SHIRLEY	3.2 NAME	DOBEK, MARY
STREET ADDRESS	7646 LONGHORN AVE	3.3 STREET ADDRESS	5387 HAMMERSTONE COURT
CITY-ST-ZIP	MICCO FL	3.4 CITY-ST-ZIP	MICCO, FL
TITLE	T	4.1 TITLE	
NAME	ANTHONY, ROBERT J	4.2 NAME	
STREET ADDRESS	7621 LONGHORN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MICCO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	BITTER, ALBERT	5.2 NAME	HENNESSEY, JAMES
STREET ADDRESS	5416 BANNOCK ST.	5.3 STREET ADDRESS	5610 BUCKHORN PLACE
CITY-ST-ZIP	MICCO FL 32976	5.4 CITY-ST-ZIP	MICCO, FL
TITLE	D	6.1 TITLE	
NAME	MCQUEEN, ANN	6.2 NAME	
STREET ADDRESS	7575 BLACKHAWK RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MICCO FL 32976	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Anthony

6/4/99

541-664-0909

Date

Daytime Phone #

CR2E037 (1/98)