

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30267

1. Entity Name

SNUG HARBOR COMMUNITY ASSOCIATION, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90015 046 ****61.25

Principal Place of Business

7645 KYAK COURT
MICCO FL 32976

Mailing Address

7645 KYAK COURT
MICCO FL 32976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2640912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARLOW, T. MITCHELL
123 FIFTH AVENUE
INDIALANTIC FL

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BERGAMINI, MARIE
STREET ADDRESS 7660 GREAT BEAR LAKE DR.
CITY-ST-ZIP MICCO FL

TITLE VP ☐ Delete
NAME FRANCOEUR, SHIRLEY
STREET ADDRESS 7646 LONGHORN AVE.
CITY-ST-ZIP MICCO FL 32976

TITLE S ☐ Delete
NAME DOBEK, MARY
STREET ADDRESS 5387 HAMMERSTONE COURT
CITY-ST-ZIP MICCO FL

TITLE T ☐ Delete
NAME ANTHONY, ROBERT J
STREET ADDRESS 7621 LONGHORN AVE
CITY-ST-ZIP MICCO FL

TITLE D ☐ Delete
NAME HENNESSEY, JAMES
STREET ADDRESS 5610 BUCKHORN PLACE
CITY-ST-ZIP MICCO FL 32976

TITLE D ☐ Delete
NAME MCQUEEN, ANN
STREET ADDRESS 7575 BLACKHAWK RD.
CITY-ST-ZIP MICCO FL 32976

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME FRANCOEUR, SHIRLEY
STREET ADDRESS 7646 Longhorn ave.
CITY-ST-ZIP MICCO, FL 32976

TITLE VP ☒ Change ☐ Addition
NAME Dobek Mary
STREET ADDRESS 696 Collier Lake Circle
CITY-ST-ZIP Sebastian, FL 32958

TITLE S ☒ Change ☐ Addition
NAME Bergamini, Marie
STREET ADDRESS 7660 Great Bear Lake Dr.
CITY-ST-ZIP Micco Fl. 32976

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Upperman, Lorraine
STREET ADDRESS 7674 Fox Hunter Circle
CITY-ST-ZIP Micco, Fl. 32976

12. 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 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.

SIGNATURE:

Robert J. Anthony
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 8 2000 (561) 664-0909
Date Daytime Phone #

CR2E037 (5/00)