

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90053 002 ****61.25

DOCUMENT # N30267

1. Entity Name

SNUG HARBOR COMMUNITY ASSOCIATION, INC.



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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UPPERMAN, LORRAINE
7674 FOX HUNTER CIR
MICCO FL 32976

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lorraine Upperman

4/7/04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME UPPERMAN, LORRAINE ☐ Delete
STREET ADDRESS 7674 FOX HUNTER CIR
CITY-ST-ZIP MICCO FL 32976

TITLE VP
NAME ARONO FSKY, MARY ☐ Delete
STREET ADDRESS 7535 CHASTA RD
CITY-ST-ZIP MICCO FL 32976

TITLE S
NAME LAGGNER, JANE ☒ Delete
STREET ADDRESS 7512 CHASTA RD
CITY-ST-ZIP MICCO FL 32976

TITLE
NAME JACKSON, MARY ☐ Delete
STREET ADDRESS 7542 MONTAUK AVE
CITY-ST-ZIP MICCO FL 32976

TITLE D
NAME JOHNSON, SHIRLEY ☐ Delete
STREET ADDRESS 7534 MONTAUK AVE
CITY-ST-ZIP MICCO FL 32976

TITLE D
NAME BERGAMINI, MARIE ☐ Delete
STREET ADDRESS 7660 GREAT BEAR LAKE DR
CITY-ST-ZIP MICCO FL 32976

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE S
NAME Muir, Shirley ☐ Change ☒ Addition
STREET ADDRESS 7697 Fox Hunter Circle
CITY-ST-ZIP Micco, FL 32976

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

TITLE D
NAME Companion, Pauline ☐ Change ☒ Addition
STREET ADDRESS 7655 Blackhawk Rd
CITY-ST-ZIP Micco, FL 32976

TITLE D
NAME Bella, Joan ☐ Change ☒ Addition
STREET ADDRESS 5371 Bannock St.
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: *Lorraine Upperman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04 772-664-2976

Date

Daytime Phone #