2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000002212

1. Entity Name

SNOOK HOLE 1-2-3 DOCK ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2455 SNOOK TRAIL

PALM BEACH GARDENS, FL 33410

2455 SNOOK TRAIL PALM BEACH GARDENS, FL 33410

FILED Apr 03, 2008 08:00 Al Secretary of State



03312008 No Chg-NP

CR2E037 (4/06)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COYLE, DENNIS P 2455 SNOOK TRAIL PALM BEACH GARDENS, FL. 33410

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVILLE, WALLY 2445 SNOOK TRAIL PALM BEACH GARDENS, FL 33410				U00000879909 04/15/08-80040-005 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COYLE. DENNIS P 2455 SNOOK TRAIL PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CRY-ST-ZIP	PD ELLRICH, DAVID W JR 2465 SNOOK TRAIL PALM BEACH GARDENS, FL 33410			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY ST. 7IP					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee expowered 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 addites

SIGNATURE:

Dennis P. Conle 03-31-08 561-626-2246