

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005313

1. Entity Name
SNAPPER COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**750 TONESS WAY
FORT WALTON BEACH, FL 32547 US**

Mailing Address
**750 TONESS WAY
FORT WALTON BEACH, FL 32547 US**

DO NOT WRITE IN THIS SPACE



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3465262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCINNIS, C. JEFFREY
909 MAR WALT DR
SUITE 1014
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000090937
03/17/04-80042-005 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEGENZA, THOMAS
750 TONESS WAY
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SLUSCHEWSKI, TEOFIL
756 TONESS WAY
FORT WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEE, PHARRIS
754 TONESS WAY
FORT WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Thomas Legenza*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

3/14/04
Date

850-862-8077
Daytime Phone #