

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 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**



03012006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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  
GROMLICH, CHRISTINA  
760 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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Legenza* Thomas Legenza Director 1/MAR 06 850-862-8625