

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005313

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** SNAPPER COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

750 TONESS WAY  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

756 TONESS WAY  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

761 TONESS WAY  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 59-3465262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SLUSCHEWSKI, TEOFIL  
Address: 756 TONESS WAY  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: GRAMLICH, CHRISTINE  
Address: 760 TONESS WAY  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: PHARISS, LEE  
Address: 754 TONESS WAY  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: IRWIN, MICHELLE  
Address: 761 TONESS WAY  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE IRWIN

D

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date