

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90112 031 ****61.25

DOCUMENT # N96000005313

1. Entity Name
SNAPPER COVE HOMEOWNERS ASSOCIATION, INC.



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

Mailing Address
**760 TONESS WAY
FORT WALTON BEACH FL 32547
US**

2. Principal Place of Business
750 Toness Way

3. Mailing Address
750 Toness Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Walton Beach FL

City & State
Fort Walton Beach FL

4. FEI Number **59-3465262**

Applied For
Not Applicable

Zip Country
32547 Okaloosa

Zip Country
32547 Okaloosa

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Delete
NAME **D MCINNIS, C. JEFFREY**
STREET ADDRESS **909 MAR WALT DRIVE SUITE 1014**
CITY-ST-ZIP **FT. WALTON BEACH FL 32547-6711**

TITLE ☐ Change ☒ Addition
NAME **D Teofil Sluszcwski**
STREET ADDRESS **756 Toness Way**
CITY-ST-ZIP **Fort Walton Beach FL 32547**

TITLE ☒ Delete
NAME **HAYNES, ZACK T**
STREET ADDRESS **760 TONESS WAY**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☒ Addition
NAME **D Pharris, Lee**
STREET ADDRESS **754 Toness Way**
CITY-ST-ZIP **Fort Walton Beach FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED**

2/10/03 850-862-8077

CR2E037 (10/02)