


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000006598 (4)**

1. Corporation Name

**SNUG HARBOR FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**103 SCHOONER LANE  
JUPITER FL 33477**

**103 SCHOONER LANE  
JUPITER FL 33477**



3. Date Incorporated or Qualified

**12/20/1996**

4. FEI Number

**65-0716277**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 9353 YARDARM TERRACE**

**26 9353 Yardarm Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Hobc Sound FL**

**27 Hobc Sound FL**

Zip

Country

**24 33455**

**25 USA**

**29 33455**

**30 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

**Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PONCY, MARK  
103 SCHOONER LANE  
JUPITER FL 33477**

81 Name

**Mark Poncy**

82 Street Address (P.O. Box Number is Not Acceptable)

**9353 Yardarm Terrace**

83

84 City

**Hobc Sound**

**FL**

85 Zip Code

**33455**

11. Pursuant to the provisions of Sections 617.0503 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/19/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D  
NAME  
PONCY, MARK  
STREET ADDRESS  
103 SCHOONER LANE  
CITY-ST-ZIP  
JUPITER FL 33477**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**D  
Mark Poncy  
9353 Yardarm Terrace  
Hobc Sound FL 33455**

TITLE ☐ DELETE

**D  
NAME  
SCAROLA, JACK  
STREET ADDRESS  
2139 PALM BCH LKS BLVD.  
CITY-ST-ZIP  
W PALM BEACH FL 33409**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D  
NAME  
WEBSTER, RENE  
STREET ADDRESS  
5029 SESAME STREET  
CITY-ST-ZIP  
PALM BEACH GARDENS FL 33418**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**REQUIRED**

**4/19/98 561-545-7242**

CR2E037 (10/97)