FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OOCUMENT #	N96000006598

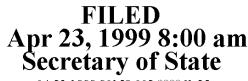
1. Corporation Name

SNUG HARBOR FOUNDATION, INC.

Principal Place of Business	
9353 YARDARM TERR HOBE SOUND FL 33455	

Mailing Address

9353 YARDARM TERR HOBE SOUND FL 33455



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					:					
2. 1	Principal Place of Business	2a	· Mailing Address			3. Date Incorporated or Qualifed				
1		26				12/20/1996				
; ,	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number		Applied For		
2		27	•			65-0716277		Not Applicable		
	City & State	28	City & State		· ·	5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
<u>۔</u> آھ	Zip Country	29	Zip 30	Country		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
	9. Name and Address of Current R	_				10. Name and Address of New F	tegistered A	gent		
				81	Name					
PONCY, MARK 9253 YARDARM TERR			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	HOBE SOUND FL 33455									
				84	City		FL	85 Zip Code		
11.	Pursuant to the provisions of Sections 617.0502 a office or registered agent, or both, in the State of lagent. I am familiar with, and accept the obligation	lori	da. Such change was authori	ized by '	the corporation	ation submits this statement for the 's board of directors. I hereby accep	purpose of control the appoint	hanging its registered tment as registered		
SIG	SNATURE									
	Signature, typed or printed name of registered agent an				signature required v		DATE	DIDECTORS IN 12		
12.	OFFICERS AND I	DIR		<u>13.</u>		ADDITIONS/CHANGES TO OF				
	1 <u>—</u>		Closucte II.					☐ Change ☐ Addition		

agent. I a	m familiar with, and accept the obligations of, Section	617.0503, Florida	a Statutes.				ĺ
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature require	d when reinstating)	DATE		}
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	RS IN 12
TILE ·	D	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME !	PONCY, MARK		1.2 NAME				į
STREET ADDRESS	9353 YARDARM TERR		1.3 STREET ADDRESS		•		•
CITY-ST-ZIP	HOBE SOUND FL 33455		1.4 C/TY-ST-ZIP	·	· .		
TITLE		DELETE	2.1 TITLE			☐ Change	Addition
NAME	SCAROLA, JACK		2.2 NAME	•			. [
STREET ADDRESS	2139 PALM BCH LKS BLVD.	l	2.3 STREET ADDRESS				(
CITY-ST-ZIP	W PALM BEACH FL 33409		2. 4 CITY-ST-ZIP			· ·	
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	WEBSTER, RENE		3.2 NAME		7 - 5 - A -		
STREET ADDRESS	5029 SESAME STREET		3.3 STREET ADDRESS				l
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	,	3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				. '
CITY-ST-ZIP			4.4 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
TILE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			<u> </u>	
TITLE		☐ DELÉTE	6.1 TTLE			Change	☐ Addition
NAME			6.2 NAME	:	•		
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP		\ 1	6.4 CITY-ST-ZIP				
14	and it that the information expedient with this filing door	and according to the	a avamption stated in S	Section 110 07/3\(ii) Florida Statutos	I further car	tifu that the in	formation

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 1.19.07(3)(1), Florida Statutes. Intriner certify that the information indicated on this annual report or suppliemental 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 of the receiver or trusted 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 attackment with an address, with all other like empowered.

SIGNATURE:

5615451232

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