

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90044 003 ***150.00

DOCUMENT # P94000020486

1. Entity Name

SNEAD ISLAND DEVELOPMENT CORPORATION



Principal Place of Business
17945 VILLA CLUB WAY
5544 FOX HOLLOW DR.
BOCA RATON FL 33486
33496

Mailing Address
17945 VILLA CLUB WAY
5544 FOX HOLLOW DR.
BOCA RATON FL 33486
33496



2. Principal Place of Business

17945 VILLA CLUB WAY
Suite, Apt. #, etc.

3. Mailing Address

17945 VILLA CLUB WAY
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

BOCA RATON

City & State

BOCA RATON

4. FEI Number

65-0478270

Applied For

Not Applicable

Zip

33496

Country

FL

Zip

33496

Country

FL

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

KAWA, ABRAHAM

5544 FOX HOLLOW DR.

BOCA RATON FL 33486

33496

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KAWA, ABRAHAM**
CITY-ST-ZIP **5544 FOX HOLLOW DR.**
BOCA RATON FL 33486

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KAWA, JOAN**
CITY-ST-ZIP **5544 FOX HOLLOW DR.**
BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **KAWA, ABRAHAM**
STREET ADDRESS **17945 VILLA CLUB WAY**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☒ Change ☐ Addition
NAME **KAWA, JOAN**
STREET ADDRESS **17945 VILLA CLUB WAY**
CITY-ST-ZIP **BOCA RATON, FL 33496**

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

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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 607, 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: Abraham Kawa **ABRAHAM KAWA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06

Date

561-470-6130

Daytime Phone #