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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23971 (7)
 1. Corporation Name
SNUG HARBOR VILLAGE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
7800 U.S. #1 MICCO FL 32976	7800 U.S. #1 MICCO FL 32976

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 4445 N A1A
22 City & State	27 Suite 150A
23 Zip	28 Vero Beach FL
24 Country	29 32963
25	30 Indian River

3. Date Incorporated or Qualified	12/18/1987
4. FEI Number	59-2977602
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DORADO, VICTORIA
4039 SNOWY EGRET DR
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name	Camco Services Inc.
82 Street Address (P.O. Box Number is Not Acceptable)	4445 N A1A
83 Suite	Suite 150A
84 City	Vero Beach
85 FL	32963

11. Pursuant to the provisions of Sections 617.0502 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 *Paul Paterotini* 4/16/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOULD, PAUL L	
STREET ADDRESS	328 SWANTON ROAD	
CITY-ST-ZIP	DAVENPORT CA 95017	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, ROBERT	
STREET ADDRESS	172 DEAN RD.	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	DORADO, VICTORIA	
STREET ADDRESS	4039 SNOWY EGRET DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSKOS, MICHAEL	
STREET ADDRESS	1381 KNOLLWOOD ROAD N.E.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PASTOR, MADLYN	
STREET ADDRESS	7545 AGAWAM RD	
CITY-ST-ZIP	MICCO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAHONEY, RONALD	
STREET ADDRESS	7525 BLACKHAWK RD	
CITY-ST-ZIP	MICCO FL 32976	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HENNESSEY, JAMES	
1.3 STREET ADDRESS	5610 Buckhorn Place	
1.4 CITY-ST-ZIP	Micco, FL 32976	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAHONEY, RONALD	
2.3 STREET ADDRESS	7525 Blackhawk Road	
2.4 CITY-ST-ZIP	Micco, FL 32976	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JULIAN, ED	
3.3 STREET ADDRESS	7540 Blackhawk Road	
3.4 CITY-ST-ZIP	Micco, FL 32976	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMPSON, JOHN	
4.3 STREET ADDRESS	7560 Agawam Road	
4.4 CITY-ST-ZIP	Micco, FL 32976	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEGERE, JOSEPH	
5.3 STREET ADDRESS	7460 Blackhawk Road	
5.4 CITY-ST-ZIP	Micco, FL 32976	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul Paterotini* 4/16/98

CR2E037 (10/97)