

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22685

Entity Name: SNELL ISLE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1229 CENTRAL AVENUE
ST. PETERSBURG, FL 33705

Current Mailing Address:

P.O. BOX 7053
ST. PETERSBURG, FL 33734

FEI Number: 59-0247525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADMIRE, DOROTHY
1197 EDEN ISLE BLVD. NE
UNIT 1
SAINT PETERSBURG, FL 33704 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title TREASURER
Name CAPPA II, JOHN R
Address 1233 EDEN ISLE DR. NE
City-State-Zip: ST. PETERSBURG FL 33704

Title SECRETARY
Name HUDSON, LEE G
Address 132 MIRAMAR BLVD NE
City-State-Zip: ST. PETERSBURG FL 33704

Title DIRECTOR
Name POLLACK, HOWARD K
Address 318 RAFAEL BLVD NE
City-State-Zip: ST. PETERSBURG FL 33704

Title VP
Name HARGRETT, BONNIE
Address 1140 MONTEREY BLVD. NE
City-State-Zip: SAINT PETERSBURG FL 33704

Title DIRECTOR
Name DOWHAN, KRISTINE
Address 1274 SNELL ISLE BLVD NE
City-State-Zip: SAINT PETERSBURG FL 33704

Title PRESIDENT
Name BIRMINGHAM, RICK
Address 614 MONTEREY BLVD. NE
City-State-Zip: SAINT PETERSBURG FL 33704

Title DIRECTOR
Name OTRUBA, PETER
Address 622 BRIGHTWATERS BLVD NE
City-State-Zip: SAINT PETERSBURG FL 33704

Title DIRECTOR
Name VAN WOERKOM, ERIC-PAUL
Address 103 BAY POINT DR. NE
City-State-Zip: SAINT PETERSBURG FL 33704

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R. CAPPA II

TREASURER

02/23/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FISHER, DOUGLAS E
Address 101 RAMON WAY NE
City-State-Zip: SAINT PETERSBURG FL 33704