2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90030 044 ****61.25

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1. Entity Name
SMITH DAIRY EAST MAINTANANCE ASSOCIATION, INC.

04034357

Principal Place of Business	Mailing Address
6400 JOURNEYS END BLVD LAKE WORTH, FL 33467	314 N.E. 3RD STREET BOYNTON BEACH, FL 33435

04072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0795455 ☐ Applied For ☐ Not Applicable

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
ST. JOHN, CORE, FIORE & LEMME, P.A. CENTURIAN TOWER, 1601 FORUM PLACE W. PALM BEACH, FL 33401	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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, EDWARD M C/O 322 N.E. 3RD ST. BOYNTON BEACH, FL 33435	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ZIOMEK, THOMAS C/O 322 NE 3rd ST Boynton Bch, FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUFF, REBECCA C/O 322 N.E. 3RD ST. BOYNTON BEACH, FL 33435	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President TERRY, WENDY C/O 322 NE 3rd ST Boynton Bch, FL 33435	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TERRY, WENDY C/O 322 N.E. 3RD ST. BOYNTON BEACH, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer MILBERT, LARRY C/O 322 NE 3rd ST. Boynton Bch, FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WONG, ~~CHUCK~~ Chung C/O 322 N.E. 3RD ST. BOYNTON BEACH, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary CANTOR, JO-ANN C/O 322 NE 3rd ST Boynton Bch, FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VON THADEN, KEN C/O 322 N.E. 3RD ST. BOYNTON BEACH, FL 33435	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mordente, Peter Director C/O 322 NE 3St Boynton Bch, FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, HEATHER C/O 322 N.E. 3RD ST. BOYNTON BEACH, FL 33435	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Rob~~ Director Rob HAWKIN C/O 322 NE 3rd St Boynton Bch FL 33435	☐ Change ☑ Addition

12. 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 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 617, 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: _____ WENDY Terry 4/11/04 561 6971785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #