2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N00000001302



1. Entity Name SMITH DAIRY EAST MAINTANANCE ASSOCIATION, INC.							04-16-2004	4 90030	044 ****	61.25	
6400 JOURNEYS END BLVD		314 N	Mailing Address 314 N.E. 3RD STREET BOYNTON BEACH, FL 33435				isili Šāri ŠĒTi Šeri sai		40343	157	
2. Principal F	Place of Business	3. Maili	ng Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			04072004	Chg-NP	CR2E	037 (10/03)	1	
City & State		City	City & State			05 0705455			Applied For Not Applicable		
Zip	Country	Zip		Country		5. Certificate o	of Status Desired		\$8.75 A Fee Requi		
	6. Name and Address of Cum	ent Registered				7. Name and	Address of New	Registered	d Agent		
ST IOHN	CODE FIODE & LEMME	D A		Name							
STJOHN, CORE, FIORE & LEMME, P.A. CENTURIAN TOWER, 1601 FORUM PLACE W. PALM BEACH, FL 33401				Street	Street Address (P.O. Box Number is Not Acceptable)						
				City	n	**			■ Zip Co	· ·	
				City				F	L Zpcc	ice.	
	named entity submits this stateme tions of registered agent.	nt for the purpo	se of changing its	registered office	or register	ed agent, or both	, in the State of F	lorida. Lar	m familiar witl	h, and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title if appli	cable. (NOTE	:: Registered Agent sign	nature required	i when reinstating)		DATE	:		
SIGNATURE	Signature, typed or printed name of registered in Filling Fee is \$61.25 Due by May 1, 2004	agent and title if appli	·	npaign Financing		\$5.00 May Be Added to Fees		Make che	ck payable artment of		
SIGNATURE	Filing Fee is \$61.25		9. Election Carr	npaign Financing		\$5.00 May Be	Flo	Meke che rida Depi	ck payable artment of	State	
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I hereby certify that the information supplied with this filling 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 egypowered.

SIGNATURE: WENDYTERY	4/11/04	561 6971785
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #