2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90177 046 ****61.25

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SMITH DAIRY EAST MAINTANANCE ASSOCIATION, INC.



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| Suite, Apt. 4; etc. City & State Country Suite, Apt. 4; etc. A. FEI Number 65-0795455 Additional Fee Projected Suite, Apt. 4; etc. Suit | ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD | | ASSOCIATED 1928 LAKE V | ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD | | | | | | | | |
| City & State City & State City & State City & State Country Country Country Country Country Country Country S. Coun | 2. Principal f | Place of Business - No P.O. Box # | 3. Mailing Add | 3. Mailing Address | | | | | | | | |
| Signature Sign | Suite, Apt | . #, etc. | Suite, Apt. | Suite, Apt. #, etc. | | | 03152007 | Chg-NP | CR2E037 | (12/06) | | |
| 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addre | City & Sta | te | City & State | City & State | | | | 455 | • | <u> </u> | | |
| MESCHES, LARRY M P.A. \$25 SOUTH FLAGLER DRIVE, STE 200 W. PALM BEACH, FL 33401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61,25 Due by May 1, 2007 9. Election Campaign Financing Addition the Process And Directors 9. Election Campaign Financing Addition the Process And Directors and State Process And Directors and Dire | Zip | Zip Country | | p Country | | | 5. Certificate of | Status Desired | | 8.75 Add | litional | |
| MESCHES, LARRY M P.A. S25 SOUTH FLAGUER DRIVE, STE 200 W. PALM BEACH, FL 33401 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, 1964 to private name of registered agent and in a spoke above. (NOTE Registered Agent Agriture recired when remaining) DATE Filling Fee is \$61.25 Due by May 1, 2007 P. Election Campsign Financing Trust Fund Contribution. Added to Fees Florida Department of State 110. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DATE OFFICERS AND DIRECTORS IN 10 CITY-SI-2P LAKE WORTH, FL 33467 TITLE SO DIEBER ADDRESS STREET A | ļ | 6. Name and Address of Curre | nt Registered Agent | | | I. | 7. Name and A | daress of New F | Registered Ag | ent | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | Name | | | | | | | |
| B. 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, holded or purison name of registered agent and see * appolicable. | 525 SOUTH FLAGLER DRIVE, STE 200 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature) Signature, typed or printed name of registered agent and life # applicable. (NOTE Registered Agent signature) Signature, typed or printed name of State Addition Add | | | | | City | City F1 Zip Code | | | | | | |
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| Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE D | | | | | | | | | | | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 recurred 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 an other five empowered.

SIGNATURE: