

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90182 024 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001302

1. Entity Name

SMITH DAIRY EAST MAINTANANCE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6400 JOURNEYS END BLVD
LAKE WORTH FL 33467

314 N.E. 3RD STREET
BOYNTON BEACH FL 33435

55039787



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

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EISENACHER, HAROLD 9350 SUNSET DRIVE MIAMI FL 33173	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEBBER, DAVID 1860 OLD OKECHOBBEE RD WEST PALM BEACH FL 33409	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARNES, RUSSELL 1860 OLD OKECHOBBEE RD WEST PALM BEACH FL 33409	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Edward M. Smith 40 322 N.E. 3rd St. Boynton Bch, FL 33435	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Rebecca DUFF 40 322 N.E. 3rd St. Boynton Bch, FL 33435	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Wendy Terry 40 322 N.E. 3rd St. Boynton Bch, FL 33435	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Chung Wong 40 322 N.E. 3rd St. Boynton Bch, FL 33435	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ken Von Thaden 40 322 N.E. 3rd St. Boynton Bch, FL 33435	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Heather Kelly 40 322 N.E. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)