


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90032 048 ****61.25

DOCUMENT # N12753

1. Entity Name
SMOREWALK CONDOMINIUM ASSOCIATION OF MANATEE COUNTY, INC.



Principal Place of Business
**C&S CONDO. MGMT. SERVICES, INC.
 4301 32ND ST. W., STE. A19
 BRADENTON, FL 34205 US**

Mailing Address
**C&S CONDO. MGMT. SERVICES, INC.
 4301 32ND ST. W., STE. A19
 BRADENTON, FL 34205 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2673319

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 | |
|--|--|---|--|
| C&S CONDOMINIUM MGMT. SERVICES, INC. 4301 32ND ST. W., STE. A19 BRADENTON, FL 34205 | | Name Street Address (P.O. Box Number is Not Acceptable) City State: 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, 2006

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 | PD | <input checked="" type="checkbox"/> Delete | | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SCHAEFER, BERRY | | | NAME | Petrilli, Phil | | |
| STREET ADDRESS | 4453 46TH AVE W | | | STREET ADDRESS | 4310 47th AVE W | | |
| CITY-ST-ZIP | BRADENTON, FL 34210 | | | CITY-ST-ZIP | Bradenton, FL 34210 | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SHANK, RON | | | NAME | Dumas, Dan | | |
| STREET ADDRESS | 4601 46TH ST W | | | STREET ADDRESS | 4310 47th AVE W | | |
| CITY-ST-ZIP | BRADENTON, FL 34210 | | | CITY-ST-ZIP | Bradenton, FL 34210 | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | KELLY, DAVID | | | NAME | Brennen, Andy | | |
| STREET ADDRESS | 4411 46TH AVE W | | | STREET ADDRESS | 4310 47th AVE W | | |
| CITY-ST-ZIP | BRADENTON, FL 34210 | | | CITY-ST-ZIP | Bradenton, FL 34210 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
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| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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 required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment thereto, with all other like empowered.

SIGNATURE: _____ **1-19-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #