

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90045 045 ****61.25

DOCUMENT # N25204

1. Entity Name

HOMEOWNERS ASSOCIATION OF SMITH LAKE SHORES, INC

Principal Place of Business

**9701 E HWY. 25
#282
BELLEVIEW FL 34420
US**

Mailing Address

**9701 E HWY. 25
#282
BELLEVIEW FL 34420
US**

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

59-2878003

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

**BEEDLE, NORMA
9701 E HWY 25
#202
BELLVIEW FL 34420**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete
NAME **MINSTER, MATILDA**
STREET ADDRESS **9701 E HWY 25 #161**
CITY-ST-ZIP **BELLEVIEW FL**

TITLE **S** ☒ Change ☒ Addition
NAME **Tenny Lois**
STREET ADDRESS **9701 E. Hwy 25 #193**
CITY-ST-ZIP **Belleview, FL 34420**

TITLE **P** ☒ Delete
NAME **STONE, JOHN**
STREET ADDRESS **9701 E HWY 25 #159**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **T** ☐ Change ☒ Addition
NAME **Ostrand, Dolores**
STREET ADDRESS **9701 E. Hwy. 25 #186**
CITY-ST-ZIP **Belleview, FL 34420**

TITLE **D** ☐ Delete
NAME **WINKS, FRED**
STREET ADDRESS **9701 E HWY 25 #224**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **D** ☐ Change ☒ Addition
NAME **Marley, Tom**
STREET ADDRESS **9701 E. Hwy. 25 #97**
CITY-ST-ZIP **Belleview, FL 34420**

TITLE **TDF** ☐ Delete
NAME **BEEDLE, NORMA**
STREET ADDRESS **9701 SE HWY 25, #202**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **P** ☒ Change ☐ Addition
NAME **Beedle, Norma**
STREET ADDRESS **9701 E. Hwy. 25 #202**
CITY-ST-ZIP **Belleview, FL 34420**

TITLE **D** ☒ Delete
NAME **MCCARTY, RICHARD**
STREET ADDRESS **9701 E HWY 25 #223**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **D** ☐ Change ☐ Addition
NAME **Sampson, David**
STREET ADDRESS **9701 E. Hwy. 25 #186**
CITY-ST-ZIP **Belleview, FL 34420**

TITLE **D** ☒ Delete
NAME **TENNY, LOIS**
STREET ADDRESS **9701 E HWY 25, #227**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Norma Beedle **REQUIRE 8-02** *Norma Beedle* **347-5322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)