

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90097 005 ****61.25

DOCUMENT # N25204

1. Entity Name

HOMEOWNERS ASSOCIATION OF SMITH LAKE SHORES,
INC.



Principal Place of Business

Mailing Address

9701 E HWY. 25
#282
BELLEVIEW FL 34420
US

9701 E HWY. 25
#282
BELLEVIEW FL 34420
US



2. Principal Place of Business - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSTRAND, DOLORES H
9701 E HWY 25
LOT #180
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. 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
Due By May 1, 2007

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: S ☒ Delete
NAME: MURPHY, JEAN
STREET ADDRESS: 9701 E HWY 25 #190
CITY-ST-ZIP: BELLEVIEW FL 34420

TITLE: S ☐ Change ☒ Addition
NAME: TENNY, LOIS
STREET ADDRESS: 9701 E HWY 25 #193
CITY-ST-ZIP: BELLEVIEW, FL. 34420

TITLE: T ☐ Delete
NAME: OSTRAND, DOLORES
STREET ADDRESS: 9701 E HWY 25 #180
CITY-ST-ZIP: BELLEVIEW FL 34420

TITLE: V. P. ☐ Change ☒ Addition
NAME: MARLEY, THOMAS
STREET ADDRESS: 9701 E. HWY 25 #97
CITY-ST-ZIP: BELLEVIEW, FL. 34420

TITLE: P ☐ Delete
NAME: FURLONG, JUDY
STREET ADDRESS: 9701 E HWY 25 #62
CITY-ST-ZIP: BELLEVIEW FL 34420

TITLE: D. ☐ Change ☒ Addition
NAME: REDDING, CHARLOTTE
STREET ADDRESS: 9701 E. HWY 25 #254
CITY-ST-ZIP: BELLEVIEW, FL. 34420

TITLE: D ☒ Delete
NAME: MILLER, W M
STREET ADDRESS: 9701 E HWY 25 #181
CITY-ST-ZIP: BELLEVIEW FL 34420

TITLE: D ☐ Change ☒ Addition
NAME: CHABOT, HENRY
STREET ADDRESS: 9701 E. HWY 25 #221
CITY-ST-ZIP: BELLEVIEW, FL. 34420

TITLE: VP ☒ Delete
NAME: MIZE, GENE
STREET ADDRESS: 9701 E HWY 25 #37
CITY-ST-ZIP: BELLEVIEW FL 34420

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

TITLE: D ☒ Delete
NAME: HASKLER, VERNON
STREET ADDRESS: 9701 E HWY 25 #116
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 exemptions contained in Section 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 with an address, with all other like empowered.

SIGNATURE: *Dolores H. Ostrand* (DOLORES H. OSTRAND)

1-30-07

352-245-1479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #