


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90051 037 ****61.25

DOCUMENT # N25204 1. Entity Name HOMEOWNERS ASSOCIATION OF SMITH LAKE SHORES, INC.					
Principal Place of Business 9701 E HWY. 25 #282 BELLEVUE, FL 34420 US			Mailing Address 9701 E HWY. 25 #282 BELLEVUE, 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OSTRAND, DOLORES H 9701 E HWY 25 LOT #180 BELLVIEW, FL 34420				7. Name and Address of New Registered Agent Name <u>Furlong, Peter L</u> Street Address (P.O. Box Number is Not Acceptable) <u>9701 E HWY 25 - #62</u> <u>Lot #62</u> City <u>Bellevue</u> FL Zip Code <u>34420</u>	
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 <u>Peter L. Furlong</u> / <u>PETER L FURLONG</u> TREASURER <u>02/08/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S LOIS, TENNEY 9701 E HWY 25 # 193 BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OSTRAND, DOLORES 9701 E HWY 25 #180 BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP VP MAURER, CHARLES 9701 E HWY 25 - #61 BELLEVUE, FL 34420	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FURLONG, JUDY 9701 E HWY 25 #62 BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP T Furlong, Peter L 9701 E HWY 25 - #62 Bellevue, FL 34420	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMAS, MARLEY 9701 E HWY 25 #97 BELLEVUE, FL 34420	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP P MARLEY Thomas 9701 E HWY 25 - #97 Bellevue, FL 34420	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDDING, CHARLOTTE 9701 E HWY 25 #254 BELLEVUE, FL 34420	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP S Redding, Charlotte 9701 E HWY 25 - #254 Bellevue, FL 34420	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRY, CHABOT 9701 E HWY 25 #221 BELLEVUE, FL 34420	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP (Empty)	
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 with an address, with all other like empowered.					
SIGNATURE: <u>Peter L. Furlong</u> / <u>PETER L FURLONG</u> <u>02/08/08</u> <u>352-307-1333</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					