

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726135

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** SMITH LAKE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9960 SE 117TH ST RD  
BELLEVIEW, FL 34420 US

**New Principal Place of Business:**

**Current Mailing Address:**

9960 SE 117TH ST RD  
BELLEVIEW, FL 34420 US

**New Mailing Address:**

**FEI Number:** 23-7335577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, MARILYN  
9960 SE 117TH RD  
BELLEVIEW, FL 34420 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MOORE, MARILYN  
Address: 9960 SE 117TH ST RD  
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete  
Name: NELL, ROBERT  
Address: 11812 SE 99TH CT  
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete  
Name: MOORE, DICK  
Address: 9960 SE 117TH ST RD  
City-St-Zip: BELLEVIEW, FL 34420

Title: T ( ) Delete  
Name: FINN, SANDRA  
Address: 11838 SE 99TH CT  
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete  
Name: KOLODZIEJSKI, BETTE  
Address: 11771 SE 99 CT  
City-St-Zip: BELLEVIEW, FL

Title: P ( ) Delete  
Name: GILBERT, BARB  
Address: 11750 SE 99TH TERR BLVD  
City-St-Zip: BELLEVIEW, FL 34420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN MORE

S

04/06/2009

Electronic Signature of Signing Officer or Director

Date