

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90007 032 \*\*\*\*61.25

<b>DOCUMENT # N00000002375</b>					
<b>1. Entity Name</b> SMITHBROOKE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4000 SOUTH 578TH AVE., STE 101 LAKE WORTH, FL 33463			<b>Mailing Address</b> 4000 SOUTH 578TH AVE., STE 101 # 250 LAKE WORTH, FL 33463		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0987367	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FLATOW, JERRY 4000 SOUTH 578TH AVE., STE 101 LAKE WORTH, FL 33463			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> HARRIS, BERNADETTE	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 7286 SMITHBROOK DR	LAKE WORTH, FL 33467		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	LAKE WORTH, FL 33467		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b> VPD	<b>NAME</b> KENNEDY, JAYNE	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 6853 BROOK HOLLOW RD	LAKE WORTH, FL 33467		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	LAKE WORTH, FL 33467		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b> TD	<b>NAME</b> PALAZZO, MICHAEL	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 6957 STONEY CREEK CIR	LAKE WORTH, FL 33467		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	LAKE WORTH, FL 33467		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b> SD	<b>NAME</b> ADAMS, LORIE	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 6861 BROOK HOLLOW RD	LAKE WORTH, FL 33467		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	LAKE WORTH, FL 33467		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b> D	<b>NAME</b> GORMAN, ROBERT	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 6861 BROOK HOLLOW RD	LAKE WORTH, FL 33467		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	LAKE WORTH, FL 33467		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>	STREET ADDRESS	
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Bernadette Harris</i>			BERNADETTE HARRIS, PD 1/16/07 561-368-9280		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					