

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90050 003 ****61.25

DOCUMENT # N00000002375 1. Entity Name SMITHBROOKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4000 SOUTH 57TH AVE., STE 101 LAKE WORTH, FL 33463 <i>CHANGE to 57th</i>			Mailing Address 4000 SOUTH 57TH AVE., STE 101 # 250 LAKE WORTH, FL 33463 <i>CHANGE to 57th</i>		
2. Principal Place of Business - N/A P.O. Box # <i>4000 SOUTH 57th AVE</i>		3. Mailing Address <i>4000 SOUTH 57th AVE</i>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40041174</div>	
Suite, Apt. #, etc. <i>101</i>		Suite, Apt. #, etc. <i>101</i>			
City & State <i>LAKE WORTH FL.</i>		City & State <i>LAKE WORTH FL.</i>			
Zip <i>33463</i>		Zip <i>33463</i>		4. FEI Number 65-0987367	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLATOW, JERRY 4000 SOUTH 57TH AVE., STE 101 LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name <i>FLATOW, JERRY</i> Street Address (P.O. Box Number is Not Acceptable) <i>4000 SOUTH 57th AVE STE 101</i> City <i>LAKE WORTH</i> FL Zip Code <i>33463</i>	
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 _____ <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, BERNADETTE 7286 SMITHBROOK DR LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KENNEDY, JAYNE 6853 BROOK HOLLOW RD LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY JAYNE 6853 BROOK HOLLOW RD LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALAZZO, MICHAEL 6957 STONEY CREEK CIR LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, LORIE 6861 BROOK HOLLOW RD LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, ROBERT 6861 BROCK HOLLOW RD LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jayne Kennedy</i>			Date <i>2-29-08</i> Daytime Phone # <i>561-969-2700</i>		