2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
04-17-2002 90147 030 ****61.25

DOCUMENT # N00000005413

1. Entity Name

SMITH COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3045 SAMARA DRIVE TAMPA FL 33618	3045 SAMARA DRIVE TAMPA FL 33618

[redacted] SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, CAROL A 3045 SAMARA DRIVE TAMPA FL 33618	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, CAROL A 3045 SAMARA DRIVE TAMPA FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, BRIAN S 2702 W. JETTON AVENUE TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SANDERS, CHRISTOPHER C 111 2ND AVENUE NE #810 ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CAROL A. SMITH Carol A. Smith 4/8/02 8139352263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

30295

N00000005413

SMITH COVE CONDOMINIUM ASSOCIATION,INC
3045 SAMARA DRIVE
TAMPA, FL 33618

Florida Department Of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

May 15, 2002

RE: N00000005413

Dear Sir,

I am enclosing a copy of the application for Employer Identification Number as proof that the ID number has in fact been applied for. I have been advised that it takes 6 weeks to secure the number therefore I can't meet your deadline of May 24. I will forward the number to you to clear my file as soon as I receive it from IRS. Thank you.

Sincerely,

Carol A Smith Pres

Carol A. Smith

Attachment 30295 N00000005413

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN
OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
SMITH COVE CONDOMINIUM ASSOCIATION, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
CAROL A. SMITH

4a Mailing address (room, apt., suite no. and street, or P.O. Box)
3045 SAMARA DRIVE

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state and ZIP code
TAMPA, FL 33618

5b City, state, and ZIP code

6 County and state where principal business is located
CHARLOTTE COUNTY, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
CAROL A. SMITH

7b SSN, ITIN, or EIN
154-34-7722

8a Type of entity (check only one box)
- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ 1120H
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (check only one box)
- ☒ Started new business (specify type) ▶ CONDOMINIUM ASSOCIATION
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
APRIL 8, 2002

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have employees during the period, enter "-0-."* ▶

Agricultural	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale - agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Wholesale - other
- ☐ Retail
- ☒ Other (specify) CONDOMINIUM ASSOCIATION

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
PROPERTY MANAGEMENT & MAINTENANCE

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: ROBERT M. CLARKE, CPA
Designee's telephone number (include area code): 813-933-4064
Address and ZIP code: 205 W. BUSCH BLVD., SUITE 200, TAMPA, FL 33612
Designee's fax number (include area code): 813-935-2886

Under penalties of perjury, I declare that I have examined the application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code)

Name and title (type or print clearly) ▶

Signature ▶ Carol A. Smith Date ▶ 5/8/02

Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 12-2001)

ISA
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