2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# N00000005413

Entity Name: SMITH COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3045 SAMARA DRIVE
TAMPA, FL 33618

New Principal Place of Business:

3930 13TH WAY NE
ST PETERSBURG, FL 33703

Current Mailing Address:

3045 SAMARA DRIVE
TAMPA, FL 33618

New Mailing Address:

3930 13TH WAY NE
ST PETERSBURG, FL 33703

FEI Number: 04-3662034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, CAROL A
3045 SAMARA DRIVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

SMITH, CAROL A
3930 13TH WAY NE
ST PETERSBURG, FL 33703 US

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: CAROL A. SMITH 01/13/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, CAROL A
Address: 3045 SAMARA DRIVE
City-St-Zip: TAMPA, FL 33618

Title: VD ( ) Delete
Name: SMITH, BRIAN S
Address: 2702 W. JETTON AVENUE
City-St-Zip: TAMPA, FL 33629

Title: STD ( ) Delete
Name: SANDERS, CHRISTOPHER C
Address: 111 2ND AVENUE NE #610
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, CAROL A
Address: 3930 13TH WAY NE
City-St-Zip: ST PETERSBURG, FL 33703

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 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 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: CAROL A. SMITH PD 01/13/2004
Electronic Signature of Signing Officer or Director Date