2007 NOT-FOR-PROFIT CORPORATION SMILE

ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State A LITTLE

DOCUMENT # N0100008456 1. Ergity Name ST. MORITZ RESIDENTS' ASSOCIATION, INC.				8 X I	O4-18-2007 90152 022 ****61.25			
Principal Place of Business % BENSON'S INC. 12650 WHITEHALL DR. FT. MYERS, FL 33907-3619		Mailing Address % BENSON'S INC. 12650 WHITEHALL DR. FT. MYERS, FL 33907-3619						II
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272007 Ch	ig-NP	CR2E037 (12	/06)	
City & State		City & State		4. FEI Number 03-039826	9		Applie Not Ap	ed For pplicable
Zìp	Country	Zip	Country	5. Certificate of Sta		□ Fee R	5 Addition equired	nai
6. Name and Address of Current Registere		nt Registered Agent	· • · · · · · · · · · · · · · · · · · ·		7. Name and Address of New Registered Agent			
SHIELDS, CHRISTOPHER 1833 HENDRY STREET				Name VANDALL, BUNITA D Street Address (P.O. Box Number is Not Acceptable)				
P.O. DRAV	WER 1507 ERS, FL 33902		12-65	12650 WHITEHALL DR				
			City	ORT MYORS	\$		p Code	67
	named entity submits this statement tions of registered agent.	for the purpose of changing its				orida. I am familia	r with, and	d accept
SIGNATURE BOOLTA D. VANDAUL 4-3-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
SIGNATURE .	Signature, typed or printed name of registered age					4-3- DATE	-07	
SIGNATURE .	Signature, typed or printed name of registered ago Filling Fee is \$61.25 Due by May 1, 2007	ent and title if applicable. (NOTE	: Registered Agent signature n	required when reinstating)	N	DATE DATE Alake check payrida Departmen	able to	•
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12. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #