

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008670

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** SMITTER RESERVE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3922 PREMIER NORTH DRIVE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3922 PREMIER NORTH DRIVE  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3785189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PATEL, DHVANIT A  
3922 PREMIER NORTH DRIVE  
TAMPA, FL 33618      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES      ( ) Delete  
Name: DHVANIT, PATEL A PRES  
Address: 3922 PREMIER NORTH DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: VP      ( ) Delete  
Name: MCNEAL, CHRISTOPHER MR  
Address: 3922 PREMIER NORTH DRIVE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: DHVANIT PATEL

PRES

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date