


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90001 003 ****61.25

DOCUMENT # N03723 1. Entity Name THE SMITH LAKE ESTATES CIVIC ASSOCIATION, INCORPORATED					
Principal Place of Business 9271 S.E. 106TH PLACE BELLEVUE, FL 34420 US			Mailing Address 9271 S.E. 106TH PLACE BELLEVUE, FL 34420 US		
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 59-3027272	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAUSE, QUAY 9271 S.E. 106TH PLACE BELLEVUE, FL 34420			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee Is \$61.25 Due by September 6, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, QUAY		NAME		
STREET ADDRESS	9271 S.E. 106TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, FL		CITY-ST-ZIP		
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASSELMAN, JAMES		NAME	AMANDA MENNENGA	
STREET ADDRESS	10930 SE 90TH COURT		STREET ADDRESS	9065 SE 109TH LN	
CITY-ST-ZIP	BELLEVUE, FL		CITY-ST-ZIP	BELLEVUE, FL 34420	
TITLE	BD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANDLEIN, ALLEN		NAME	Daniel J. Martin	
STREET ADDRESS	10788 SE 90TH COURT		STREET ADDRESS	9289 SE 106TH PL	
CITY-ST-ZIP	BELLVIEW, FL		CITY-ST-ZIP	BELLEVUE, FL 34420	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEEGAN, LOUISE		NAME		
STREET ADDRESS	9151 S.E. 109TH LN.		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, FL		CITY-ST-ZIP		
TITLE	BD	<input checked="" type="checkbox"/> Delete	TITLE	Board Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, EUGENE		NAME	Betty Martin	
STREET ADDRESS	9283 S.E. 10TH PLACE		STREET ADDRESS	9289 SE 106TH PL	
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP	BELLEVUE, FL 34420	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KULWICH, LUCILE		NAME		
STREET ADDRESS	9404 SE 107TH PL		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, FL		CITY-ST-ZIP		
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>Quay A. Krause</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7/27/06 352-687-1070 Date Daytime Phone #		

Quay A. Krause