

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90028 048 ****61.25

DOCUMENT # N03723 1. Entity Name THE SMITH LAKE ESTATES CIVIC ASSOCIATION, INCORPORATED					
Principal Place of Business 9289 SE 106 PLACE 9151 SE 109th Ln. BELLEVIEW, FL 34420 US				Mailing Address P.O. BOX 232 BELLEVIEW, FL 34421 US	
2. Principal Place of Business - No P.O. Box # 9151 SE 109th Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 232 Suite, Apt. #, etc.			
City & State Bellevue, FL 34420 Zip 34421		City & State Bellevue, FL 34421 Zip 34421		4. FEI Number 59-3027272	
Country Marion		Country Marion		5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, DANIEL 9289 SE 106 PLACE BELLEVIEW, FL 34420				7. Name and Address of New Registered Agent Name Louise Deegan Street Address (P.O. Box Number is Not Acceptable) 9151 SE 109th Lane (mailing) P.O. Box 232 City Bellevue FL Zip Code 34421	
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 <i>Louise Deegan, Secretary</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 5/9/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 VP NAME MARTIN, DANIEL J STREET ADDRESS 9289 SE 106TH PL CITY-ST-ZIP BELLEVIEW, FL 34420	☒ Delete		TITLE Vice President NAME Susan Petrie STREET ADDRESS 9400 S.E. 110th St Rd CITY-ST-ZIP Bellevue, FL 34420	☒ Change ☒ Addition	
TITLE S NAME DEEGAN, LOUISE STREET ADDRESS P.O. BOX 232 CITY-ST-ZIP BELLEVIEW, FL 34421	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE M NAME MARTIN, BETTY STREET ADDRESS 9289 SE 106TH PLACE CITY-ST-ZIP BELLEVIEW, FL 34420	☒ Delete		TITLE Treasurer NAME milli Gould STREET ADDRESS 9393 SE 107th PL CITY-ST-ZIP Bellevue, FL 34420	☐ Change ☒ Addition	
TITLE VP NAME KULWICH, LUCILE STREET ADDRESS 9404 SE 107TH PL CITY-ST-ZIP BELLEVIEW, FL	☒ Delete		TITLE President NAME Robert Shihinski STREET ADDRESS 9360 SE 107th PL CITY-ST-ZIP Bellevue, FL 34420	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ 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	
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>Robert Shihinski</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Shihinski, President			Date 5-6-08 Daytime Phone #		