

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002886

FILED
May 09, 2005
Secretary of State

Entity Name: SMITHFIELD PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11749 US 1 NORTH
JACKSONVILLE, FL 32219

New Principal Place of Business:

5652 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

Current Mailing Address:

11749 US 1 NORTH
JACKSONVILLE, FL 32219

New Mailing Address:

5652 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

FEI Number: 59-3490916 **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:

SMITH, HELENA
11749 US 1 NORTH
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

CLAXTON, ANGELA
5652 TIMUQUANA ROAD
JACKSONVILLE, FL 32210 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: ANGELA CLAXTON

05/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, GEORGE
Address: 11749 US 1 NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: SMITH, SYLVIA
Address: 11749 US 1 NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: BECK, HELENA
Address: 11749 US 1 NORTH
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLAXTON, ANGELA
Address: 5652 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: V (X) Change () Addition
Name: CUTTS, JUDSON
Address: 5652 TIMUQUANA ROAS
City-St-Zip: JACKSONVILLE, FL 32210

Title: S/T (X) Change () Addition
Name: CUTTS, TRACEY
Address: 5652 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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: ANGELA CLAXTON

P

05/09/2005

Electronic Signature of Signing Officer or Director

Date