

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002886

FILED  
Jan 03, 2006  
Secretary of State

**Entity Name:** SMITHFIELD PLANTATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5652 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

5652 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 59-3490916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAXTON, ANGELA  
5652 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210 US

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

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: P ( ) Delete  
Name: CLAXTON, ANGELA  
Address: 5652 TIMUQUANA ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: V ( ) Delete  
Name: CUTTS, JUDSON  
Address: 5652 TIMUQUANA ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA CLAXTON

PD

01/03/2006

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

\_\_\_\_\_  
Date