

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N09880

1. Entity Name
SMITHBROOK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**321 SPANISH GOLD LANE
NORTH CAPTIVA ISLAND, FL 33945 US**

Mailing Address

**POST OFFICE BOX 2331
PINELAND, FL 33945 US**



04072006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2550617

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRATS, LUIS
8103 SIQUITA DRIVE., NE
ST. PETERSBURG, FL 33702**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000518844
05/02/06-80029-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	HENDERSON, JEFF
STREET ADDRESS	321 SPANISH GOLD LANE
CITY-ST-ZIP	NORTH CAPTIVA ISLAND, FL 33945
TITLE	STD
NAME	MUSSEHL, VICKI
STREET ADDRESS	528 CORAL CIRCLE
CITY-ST-ZIP	NORTH CAPTIVE ISLAND, FL 33945
TITLE	D
NAME	PRATS, LUIS
STREET ADDRESS	8103 SIQUITA DRIVE NE
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFF HENDERSON 4/12/06 239-472-5689