

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90351 001 ****30.62
05-14-2007 90351 002 ****30.63

DOCUMENT # N09880

1. Entity Name

SMITHBROOK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

321 SPANISH GOLD LANE
NORTH CAPTIVA ISLAND FL 33945
US

POST OFFICE BOX 2331
PINELAND FL 33945
US



2. Principal Place of Business - No P.O. Box #

-528 Coral Circle

3. Mailing Address

PO Box 408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

North Captiva, FL

City & State

Pineland, FL

4. FEI Number

59-2550617

Applied For

Not Applicable

Zip 33924

Country Lee

Zip 33945

Country Lee

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

7. Name and Address of New Registered Agent

Name

Charles LoCicero

Street Address (P.O. Box Number is not Acceptable)

13212 Robert Road

City

Pineland

FL

Zip Code

33945

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]

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

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

DATE

4/22/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE PD ☒ Delete
NAME HENDERSON, JEFF
STREET ADDRESS 321 SPANISH GOLD LANE
CITY-ST-ZIP NORTH CAPTIVA ISLAND FL 33945

TITLE STD ☐ Delete
NAME MUSSEHL, VICKI
STREET ADDRESS 528 CORAL CIRCLE
CITY-ST-ZIP NORTH CAPTIVA ISLAND FL 33945

TITLE D ☒ Delete
NAME PRATS, LUIS
STREET ADDRESS 8103 SIQUITA DRIVE NE
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Charles LoCicero
STREET ADDRESS PO Box 408
CITY-ST-ZIP Pineland FL 33945

TITLE STD ☒ Change ☐ Addition
NAME VICKI KIRSH
STREET ADDRESS 1100 LAKE SHORE DR
CITY-ST-ZIP BEAVER DAM, WI 53916

TITLE M ☒ Change ☐ Addition
NAME Terry Ludrick
STREET ADDRESS PO Box 408
CITY-ST-ZIP Pineland FL 33945

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] VICKI KIRSH

4.2407 920885.2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #