

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09880

FILED
Apr 08, 2008
Secretary of State

Entity Name: SMITHBROOK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

528 CORAL CIRCLE
NORTH CAPTIVA, FL 33924 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 408
PINELAND, FL 33945 US

New Mailing Address:

FEI Number: 59-2550617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCICERO, CHARLES
13612 ROBERT ROAD
PINELAND, FL 33945 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: PD () Delete
Name: LOCICERO, CHARLES
Address: PO BOX 408
City-St-Zip: PINELAND, FL 33945

Title: STD () Delete
Name: KIRSH, VICKI
Address: 1100 LAKESHORE DR
City-St-Zip: BEAVER DAM, WI 53916

Title: M () Delete
Name: LURDREK, TARRY
Address: PO BOX 403
City-St-Zip: PINELAND, FL 33945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES LOCICERO

MR

04/08/2008

Electronic Signature of Signing Officer or Director

Date