FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:07

DOCUMENT # N25204 (1)

1. Corporation Name

HOMEOWNERS ASSOCIATION OF SMITH LAKE SHORES, INC

Principal Place of Business	Mailing Address
~~C/O FRANK H. SMITH~~ 9701 SE 25. ~~#40~~ 282 BELLEVIEW FL 34420 US	~~C/O FRANK H. SMITH~~ 9701 SE 25. ~~#40~~ 282 BELLEVIEW FL 34420 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1988
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2878003 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 # 282	Suite, Apt. #, etc. 27 # 282
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~SMITH, FRANK~~
9701 S.E., #40
BELLVIEW FL 34420

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Frank H. Smith 2/1/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P.D	☑ Change ☐ Addition
NAME	OSTRAND, HAROLD	12 NAME	CHARLES ZALESIAK	
STREET ADDRESS	9701 S.E. C25, SUITE 180	13 STREET ADDRESS	9701 SE. C25 # 171	
CITY-ST-ZIP	BELLEVIEW FL	14 CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	VD	21 TITLE	V/D	☐ Change ☑ Addition
NAME	STONE, JOHN	22 NAME	BARBARA SWIST.	
STREET ADDRESS	9701 S.E. C25, SUITE 159	23 STREET ADDRESS	9701 SE C 25 # 42	
CITY-ST-ZIP	BELLEVIEW FL	24 CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	TD	31 TITLE	T.D.	☐ Change ☐ Addition
NAME	ROEVR, URSULA	32 NAME	ROEVER URSULA.	
STREET ADDRESS	9701 S.E. C25, SUITE 174	33 STREET ADDRESS	9701 SE - C25 # 174	
CITY-ST-ZIP	BELLEVIEW FL	34 CITY-ST-ZIP	BELLEVIEW FL. 34420	
TITLE	SD	41 TITLE	SD.	☐ Change ☑ Addition
NAME	SMITH, FRANK	42 NAME	MATILDA. MINSTER	
STREET ADDRESS	9701 SE CR25 #40	43 STREET ADDRESS	9701 SE C25 # 161	
CITY-ST-ZIP	BELLEVIEW FL	44 CITY-ST-ZIP	BELLEVIEW FL. 34420	
TITLE	D	51 TITLE	V.D.	☐ Change ☑ Addition
NAME	PICKLE, RAY	52 NAME	RITENOUR DON	
STREET ADDRESS	9701 S.E. C25, SUITE 226	53 STREET ADDRESS	9701 SE C 25 # 163	
CITY-ST-ZIP	BELLEVIEW FL	54 CITY-ST-ZIP	BELLEVIEW FL. 34420	
TITLE	VD	61 TITLE	D.	☑ Change ☐ Addition
NAME	ZALESIAK, CHARLES	62 NAME	OSTRAND HAROLD.	
STREET ADDRESS	9701 S.E. C25, SUITE 171	63 STREET ADDRESS	9701 SE C 25 # 180	
CITY-ST-ZIP	BELLEVIEW FL	64 CITY-ST-ZIP	Bellevieww Florida 34420	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: URSULA J. ROEVER TRES. Ursula J. Roever 1/18/95 904-245-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #