

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25204 (1)

1. Corporation Name

HOMEOWNERS ASSOCIATION OF SMITH LAKE SHORES, INC



Principal Place of Business

Mailing Address

9701 E HWY. 25
#282
BELLEVUE FL 34420
US9701 E HWY. 25
#282
BELLEVUE FL 34420-5463
US3. Date Incorporated or Qualified
03/04/19883a. Date of Last Report
05/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	D	☒ DELETE
NAME	ZALESIAK, CHARLES	
STREET ADDRESS	9701 SE C-25 #171	
CITY-ST-ZIP	BELLEVIEW FL	

1.1 TITLE	Sinister, Matilda	☐ Change ☒ Addition
1.2 NAME	9701 E. Hwy. 25 #161	
1.3 STREET ADDRESS	Belleview, FL 34420	
1.4 CITY-ST-ZIP		

TITLE	VD	☒ DELETE
NAME	STONE, JOHN	
STREET ADDRESS	9701 S.E. C25, SUITE 159	
CITY-ST-ZIP	BELLEVIEW FL	

2.1 TITLE	Richard Kimble	☐ Change ☒ Addition
2.2 NAME	9701 E. Hwy. 25 #10	
2.3 STREET ADDRESS	Belleview, FL 34420	
2.4 CITY-ST-ZIP		

TITLE	PD	☐ DELETE
NAME	SMITH, BARBARA	
STREET ADDRESS	9701 E HWY. 25, #42	
CITY-ST-ZIP	BELLEVIEW FL 34420	

3.1 TITLE	Swift, Barbara	☒ Change ☐ Addition
3.2 NAME	9701 E. Hwy. 25 #42	
3.3 STREET ADDRESS	Belleview, FL 34420	
3.4 CITY-ST-ZIP		

TITLE	TDF	☐ DELETE
NAME	BEEDLE, NORMA	
STREET ADDRESS	9701 SE HWY 25, #202	
CITY-ST-ZIP	BELLEVIEW FL 34420	

4.1 TITLE	Acker, Merle	☐ Change ☒ Addition
4.2 NAME	9701 E. Hwy. 25 #43	
4.3 STREET ADDRESS	Belleview, FL 34420	
4.4 CITY-ST-ZIP		

TITLE	D	☐ DELETE
NAME	WILLIAMS, DEE	
STREET ADDRESS	9701 SE HWY 25, #98	
CITY-ST-ZIP	BELLEVIEW FL 34420	

5.1 TITLE	Williams, Bee	☒ Change ☐ Addition
5.2 NAME	9701 E. Hwy. 25 #98	
5.3 STREET ADDRESS	Belleview, FL 34420	
5.4 CITY-ST-ZIP		

TITLE	D	☒ DELETE
NAME	OSTRAND, HAROLD	
STREET ADDRESS	9701 SE C 25 H 180	
CITY-ST-ZIP	BELLEVIEW FL	

6.1 TITLE	VD	☐ Change ☒ Addition
6.2 NAME	Kussmaul, Dorothy	
6.3 STREET ADDRESS	9701 E. Hwy. 25 #144	
6.4 CITY-ST-ZIP	Belleview FL 34420	

14. I do hereby certify that the information supplied with this filing 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064881

CR2E037 (9/96)

Norma Beedle
1-11-97 (352) 347-5322