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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA 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 BELLEVIEW FL 34420 US	9701 E HWY. 25 #282 BELLEVIEW FL 34420 US

3. Date Incorporated or Qualified: 03/04/1988

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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: Minster, Matilda
82 Street Address (P.O. Box Number is Not Acceptable): 9701 E. Hwy. 25 # 161
83
84 City: Belleview FL 85 Zip Code: 34420

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: ~~Beedle Norma~~ Minster, Matilda Matilda Minster 1-7-98
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	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MINSTER, MATILDA		1.2 NAME		
STREET ADDRESS	9701 E HWY 25 #161		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIMBLE, RICHARD		2.2 NAME		
STREET ADDRESS	9701 E HWY 25 #10		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	Acker, Merle	☐ Change ☒ Addition
NAME	SWIFT, BARBARA		3.2 NAME	9701 E. Hwy 25 # 43	
STREET ADDRESS	9701 E HWY. 25, #42		3.3 STREET ADDRESS	Belleview, FL 34420	
CITY-ST-ZIP	BELLEVIEW FL		3.4 CITY-ST-ZIP		
TITLE	TDF	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEEDLE, NORMA		4.2 NAME		
STREET ADDRESS	9701 SE HWY 25, #202		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, BEE		5.2 NAME		
STREET ADDRESS	9701 SE HWY 25, #98		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE	Heater, Jackie	☐ Change ☒ Addition
NAME	KUSSMAUL, DOROTHY		6.2 NAME	9701 E. Hwy. 25 # 227	
STREET ADDRESS	9701 E HWY 25 #144		6.3 STREET ADDRESS	Belleview, FL 34420	
CITY-ST-ZIP	BELLEVIEW FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: ~~Beedle Norma~~ **REQUIRED** Norma Beedle 1-7-98 (352)347-5329