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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25204**

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

4. FEI Number: 59-2878003 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MINISTER, MATILDA
9701 E HWY 25 #161
BELLVIEW FL 34420

10. Name and Address of New Registered Agent

81 Name: Norma Beedle
82 Street Address (P.O. Box Number is Not Acceptable): 9701 E. Hwy. 25 #202
83 Belleview
84 City: 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: Norma Beedle — Norma Beedle, Treasurer — 1-5-99
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	☐ Change ☐ Addition
NAME	PACKER, MERLE		3.2 NAME	
STREET ADDRESS	9701 E HWY 25 #43		3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420		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	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HEATER, JACKIE		6.2 NAME	
STREET ADDRESS	9701 E HWY 25, #227		6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Norma Beedle Treasurer — Norma Beedle — 1-5-99 — (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #