

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90138 013 ****61.25

00001638



DO NOT WRITE IN THIS SPACE

DOCUMENT # N25204
 1. Entity Name
HOMEOWNERS ASSOCIATION OF SMITH LAKE SHORES, INC

Principal Place of Business 9701 E HWY. 25 #282 BELLEVUE FL 34420 US	Mailing Address 9701 E HWY. 25 #282 BELLEVUE FL 34420 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2878003	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BEEDE, NORMA
 9701 E HWY 25
 #202
 BELLVIEW FL 34420

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 *Norma Beedle*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME MINSTER, MATILDA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9701 E HWY 25 #161		STREET ADDRESS	
CITY-ST-ZIP BELLEVUE FL		CITY-ST-ZIP	
TITLE NAME STONE, JOHN	<input type="checkbox"/> Delete	TITLE NAME <i>Stone, John</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9701 E HWY 25 #159		STREET ADDRESS <i>9701 E Hwy 25 #159</i>	
CITY-ST-ZIP BELLEVUE FL 34420		CITY-ST-ZIP <i>Belleview, FL 34420</i>	
TITLE NAME WINKS, FRED	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9701 E HWY 25 #224		STREET ADDRESS	
CITY-ST-ZIP BELLEVUE FL 34420		CITY-ST-ZIP	
TITLE NAME BEEDE, NORMA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9701 SE HWY 25, #202		STREET ADDRESS	
CITY-ST-ZIP BELLEVUE FL 34420		CITY-ST-ZIP	
TITLE NAME MCCARTY, RICHARD	<input type="checkbox"/> Delete	TITLE NAME <i>McCarty, Richard</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9701 E HWY 25 #223		STREET ADDRESS <i>9701 E Hwy 25 #223</i>	
CITY-ST-ZIP BELLEVUE FL 34420		CITY-ST-ZIP <i>Belleview, FL 34420</i>	
TITLE NAME TENNY, LOIS	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9701 E HWY 25, #227		STREET ADDRESS	
CITY-ST-ZIP BELLEVUE FL 34420		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norma Beedle* **Norma Beedle** 1-3-01 (352) 349-5322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)