

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90013 045 ****61.25

DOCUMENT # N25204 1. Entity Name HOMEOWNERS ASSOCIATION OF SMITH LAKE SHORES, INC.					
Principal Place of Business 9701 E HWY. 25 #282 BELLEVIEW FL 34420 US			Mailing Address 9701 E HWY. 25 #282 BELLEVIEW FL 34420 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OSTRAND, DOLORES H 9701 E HWY 25 LOT #180 BELLVIEW FL 34420			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	☒ Delete	TITLE	S/ JEAN MURPHY	☒ Change ☐ Addition
NAME	TENNY, LOIS		NAME	9701 E HWY 25 #190	
STREET ADDRESS	9701 E HWY 25 #193		STREET ADDRESS	BELLEVIEW, FL 34420	
CITY-ST-ZIP	BELLEVIEW FL 34420		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	OSTRAND, DOLORES		NAME		
STREET ADDRESS	9701 E HWY 25 #180		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	FURLONG, JUDY		NAME		
STREET ADDRESS	9701 E HWY 25 #62		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MILLER, W M		NAME		
STREET ADDRESS	9701 E HWY 25 #181		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	SAMPSON, DAVID		NAME		
STREET ADDRESS	9701 E HWY 25 #186		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARLEY, TOM		NAME		
STREET ADDRESS	9701 E HWY 25 #97		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW 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: <i>Dolores H Ostrand</i> DOLORES H OSTRAND 2-2-04 352-245-1479 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					