2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90533 008 ****61.25

U05I730

DOCUMENT # N25204

1. Entity 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

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEEDLE, NORMA 9701-E HWY 25 #202 BELLVIEW FL 34420	Name: DOLORES H. OSTRAND Street Address (P.O. Box Number is Not Acceptable): 9701 E HWY 25 LOT #180 City: BELLEVIEW FL Zip Code: 34420

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: DOLORES H. OSTRAND — Dolores H Ostrand — 1-16-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TENNY, LOIS 9701 E HWY 25 #193 BELLEVIEW FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OSTRAND, DOLORES 9701 E HWY 25 #180 BELLEVIEW FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINKS, FRED 9701 E HWY 25 #224 BELLEVIEW FL 34420	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUDY FURLONG 9701 E HWY 25 #62 BELLEVIEW, FL. 34420 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEEDLE, NORMA 9701 SE HWY 25, #202 BELLEVIEW FL 34420	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WM. MILLER 9701 E. HWY 25 #181 BELLEVIEW, FL. 34420 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMPSON, DAVID 9701 E HWY 25 #186 BELLEVIEW FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAMPSON, DAVID 9701 E HWY 25 #186 BELLEVIEW, FL. 34420 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARLEY, TOM 9701 E HWY 25 #97 BELLEVIEW FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. MARLEY, TOM 9701 E HWY 25 #97 BELLEVIEW, FL. 34420 ☒ Change ☐ Addition

CR2E037 (10/02)

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: Dolores H Ostrand REQUIRED — DOLORES H. OSTRAND — 1-15-03 — 352-245-1479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number