

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90045 029 ****61.25

DOCUMENT # N26319					
1. Entity Name THE VILLAGE AT SMOKEHOUSE BAY, INC.					
Principal Place of Business P. O. BOX 2260 MARCO ISLAND, FL 34146 US			Mailing Address P. O. BOX 2260 MARCO ISLAND, FL 34146 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-6042410	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREUSEL, JAMIE B., ESQ. BERRY & GREUSEL 1104 N. COLLIER BLVD. MARCO ISLAND, FL 33937			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 <input checked="" type="checkbox"/> PD NAME LASKEY, HARRY STREET ADDRESS 21 BRENTWOOD RD CITY-ST-ZIP BOOTHWYN, PA 19061	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> D NAME OLIVER, BETTY STREET ADDRESS 31 FRANCIS AVE. CITY-ST-ZIP SHREWSBURY, MA	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> SD NAME NAKELSKI, BARBARA STREET ADDRESS 837 W ELKAM CIR #413 CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> VD NAME BOWMAN, JOSEPH STREET ADDRESS 860 ELKHORN CT. #324 CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> S NAME MITCHELL, CLAIRE STREET ADDRESS 855 ELKHOUN CT 511 CITY-ST-ZIP MARCO ISLAND, FL	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Mitchell, Claire STREET ADDRESS Claire Mitchell CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Claire Mitchell</u> <u>Claire Mitchell</u> <u>4/9/07</u> <u>231-442-5466</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40058696



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