

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004615

FILED
Jan 05, 2009
Secretary of State

Entity Name: SMITH FARM MASTER ASSOCIATION, INC.

Current Principal Place of Business:

6595 SMITH FARM BLVD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

6595 SMITH FARM BLVD
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 65-0660206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, LOUIS ESQ.
SACHS & SAX
301 YAMATO ROAD, SUITE 4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMPERT, ALLAN
Address: 7868 AMBLESIDE WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD () Delete
Name: TARLAGLIA, SHAWN
Address: 6888 ASHBURN ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD () Delete
Name: PETERSON, MAGLOIRE
Address: 7600 GREENVILLE CR
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: CHASE, VICKI
Address: 6578 WAVERLY LN
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: BANKES, ROSEANNE
Address: 7722 OAK GROVE CR
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: COSMANO, DEBBIE
Address: 6329 STONE HURST CR
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN LAMPERT

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date