

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004615

FILED
Feb 18, 2011
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:

BAKALAR & ASSOCIATES, P.A.
150 SOUTH PINE ISLAND RD
STE 540
PLANTATION, FL 33324 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
Name: LAMPERT, ALLAN
Address: 7868 AMBLESIDE WAY
City-St-Zip: LAKE WORTH, FL 33467

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

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

Title: TD
Name: BOZZACCO, BARBARA
Address: 6447 MARBLETREE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: COSMANO, DEBBIE
Address: 6329 STONEHURST CR
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: SWAN, WILLIAM
Address: 7665 ROCKPORT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: ALLAN LAMPERT

PD

02/18/2011

Electronic Signature of Signing Officer or Director

Date