

ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90012 003 ****61.25

DOCUMENT # N96000005578 1. Entity Name SMITH DAIRY CENTRAL MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 4000 SOUTH 57TH AVE. STE. 101 LAKE WORTH, FL 33463			Mailing Address 4000 SOUTH 57TH AVE. STE. 101 LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0724425	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLATOW, JERRY 4000 SOUTH 57TH AVE. STE. 101 LAKE WORTH, FL 33463				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARO, ROBERT 7226 BRICKYARD CIRCLE LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALOVE DAVID 6305 BLUE BAY CIRCLE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PALAZZO, MICHAEL 6957 STONEY CRK CIR LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN SHANE 7083 THUNDER BAY DR. LAKE WORTH, FL 33467	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, BERNADATTE 7286 SMITHBROOKE DRIVE LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLINN CHUCK 7122 PARAMOUNT DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURCIO, ROBERT 6802 BLUE BAY CIR LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLINN CHUCK 7122 PARAMOUNT DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" 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 or without other like empowered.					
SIGNATURE: <u>Shane E. Morgan</u> Shane E. Morgan <u>3/16/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					