

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25204

Entity Name: HOMEOWNERS ASSOCIATION OF SMITH LAKE SHORES, INC.**Current Principal Place of Business:**9701 E HWY. 25
#282
BELLEVIEW, FL 34420**Current Mailing Address:**9701 E HWY. 25
#282
BELLEVIEW, FL 34420 US**FEI Number:** 59-2878003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURPHY, JEAN E TREASURER
9701 E HWY 25
LOT 190
BELLEVIEW, FL 34420 US*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:** JEAN E. MURPHY

01/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name DUNBAR, DUANE
Address 9701 E. HWY. 25 - LOT #116
City-State-Zip: BELLEVIEW FL 34420

Title 1ST VP
Name MAUER, CHARLES
Address 9701 E HWY 25 LOT 61
City-State-Zip: BELLEVIEW FL 34420

Title T
Name MURPHY, JEAN `
Address 9701 E HWY 25 LOT 190
City-State-Zip: BELLEVIEW FL 34420

Title DIRECTOR
Name FURLONG, JUDY
Address 9701 E. HIGHWAY 25 #62
City-State-Zip: BELLEVIEW FL 34420

Title SECRETARY
Name VAHS, PONJA
Address 9701 E. HIGHWAY 25 # 201
City-State-Zip: BELLEVIEW FL 34420

Title DIRECTOR
Name ALLEN, DENNIS
Address 9701 E. HIGHWAY 25 # 5
City-State-Zip: BELLEVIEW FL 34420

Title DIRECTOR
Name SMITH, PAUL
Address 9701 E. HIGHWAY 25 #101
City-State-Zip: BELLEVIEW FL 34420

Title DIRECTOR
Name CHABOT, HENRY
Address 9701 E. HIGHWAY 25
City-State-Zip: BELLEVIEW FL 34420

Continues on page 2

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: JEAN E. MURPHY

TREASURER

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BOWMAN, T-BONE
Address	9701 E. HIGHWAY 25 #16
City-State-Zip:	BELLEVIEW FL 34420