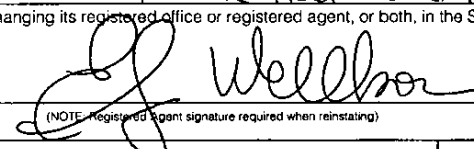
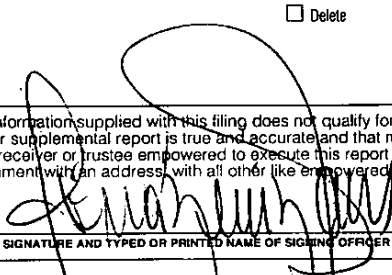


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90230 040 ****61.25

DOCUMENT # N00000000170 1. Entity Name THE VILLAGES OF SAN MATEO MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE MANAGEMENT INC. PO BOX 189013 PLANTATION, FL 33318			Mailing Address C/O CASTLE MANAGEMENT INC. PO BOX 189013 PLANTATION, FL 33318		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EICHER, ROSEN E WESTON CORPORATE CENTER 2500 WESTON RD., #220 WESTON, FL 33331				Name Elizabeth Wellborn, Esq Street Address (P.O. Box Number is Not Acceptable) 5225 ST 13th AVE 10 FAIRWAY DRIVE SUITE 300 City Deerfield Beach FL Zip Code 33441	
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 Elizabeth Wellborn  4/22/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, MIKE 2064 HACIENDA TERRACE WESTON, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANS, GLORIA 2086 PASA VERDE LANE WESTON, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, MARIA 2070 HACIENDA TERR. WESTON, FL 33327	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMAHAN, EDWIN 2096 BAHIA LANE WESTON, FL 33327	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOT, APRIL 2128 PASA VERDE LANE WESTON, FL 33327	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/22/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50052561



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0982595** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**