. San Mateo Maintenanse Association, Inc., The Villages of

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State
06-05-2006 90152 025 ****61.25

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1. Entity Name
THE VILLAGES OF SAN MATEO MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CASTLE MANAGEMENT INC. PO BOX 189013 PLANTATION, FL 33318	C/O CASTLE MANAGEMENT INC. PO BOX 189013 PLANTATION, FL 33318

S0020876

04152006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
C/O CASTLE GROUP	C/O CASTLE GROUP
Suite, Apt. #, etc.: 12270 S.W. 3RD STREET	Suite, Apt. #, etc.: P O BOX 559009
City & State: PLANTATION, FL	City & State: FORT LAUDERDALE, FL
Zip: 33325 Country:	Zip: 33355 Country:

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WELLTORN, ESQ., ELIZABETH 10 FAIRWAY DRIVE SUITE 300 DEERFIELD BEACH, FL 33441	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	PD CIOLEK, MICHELLE 2451 PASADENA WAY WESTON, FL 33327	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANS, GLORIA 2086 PASA VERDE LANE WESTON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NAVARRO, DAVID 2152 ENSENADA TERRACE WESTON, FL 33327	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, MARIA 2070 HACIENDA TERR. WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOCKEY, ELAINE 2295 PASADENA WAY WESTON, FL 33327	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMAHAN, EDWIN 2096 BAHIA LANE WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYMAN, HERBERT 2427 PASADENA WAY WESTON, FL 33327	☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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 all other like empowered.

SIGNATURE: Michelle M Ciolek Michelle M Ciolek 05/18/06 305/803-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #