2008 NOT-FOR-PROFIT CORPORATION

FILED Jan 31, 2008 8:00 am Secretary of State **ANNUAL REPORT**

DOCUMENT # N0000000170 1. Entity Name THE VILLAGES OF SAN MATEO MAINTENANCE ASSOCIATION, INC.					01-31-2008 90023 002 ****61.25				
Principal Place of Business 18001 OLD CULTER ROAD, #509 PALMETTO BAY, FL 33157 PALMETTO BAY, FL 33157 PALMETTO BAY, FL 3315				509	40	nIdoa.	J		
Principal Place of Business - No P.O. Box # Address					f) 11011 10011 18	##E[0] ! 30!
Suite, Apt	#. etc. Suite 521	Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 521			Chg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 65-09825	95			pplied For Applicable
Zip	Country Zip Co		Cou	intry	5. Certificate of			8.75 Add	ditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BROUGH, DAVID 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
1120.011	, 1 2 30020								
				City	FL Zip Code				
8. The above the obliga	red agent, or both,	n the State of F	Florida. I am far	niliar with,	and accept				
SIGNATURE									
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contribut					\$5.00 May Be Added to Fees	1 2 6 6 6 4 4 5	Make check porida Departm	7	
10.	OFFICERS AND DIRECTORS 11.			. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				i			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2177 ENSENDA TERR			ET ADDRESS -ST-ZIP			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/2,43 P//SUCKET ILE 3						C	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	l l				Change	Addition
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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 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.

CITY-ST-ZIP

CITY-ST-ZIP

Signature and typed or printed name of signing officer or director