

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90152 046 ****61.25

DOCUMENT # N00000000170

1. Entity Name

**THE VILLAGES OF SAN MATEO MAINTENANCE ASSOCIATIO
N. 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**

22000905



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0982595**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CASTLE MANAGEMENT INC.
4450 W. SUNRISE BLVD
STE C-100
PLANTATION FL 33313**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **D** ☒ Delete
NAME **SANTIAGO, FRANCISCO**
STREET ADDRESS **2188 ENSENDADA TERRACE**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **COUTRE, BEN**
STREET ADDRESS **2237 CORDIBA BEND**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MILLS, MIKE**
STREET ADDRESS **2064 HACIENDA TERRACE**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **TEDERS, MARK**
STREET ADDRESS **2106 HACIENDA TERRACE**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SANS, GLORIA**
STREET ADDRESS **2086 PASA VERDE LANE**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **HERNANDEZ, MARIA**
CITY-ST-ZIP **2064 Hacienda Terrace
WESTON, FL 33327**

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: Mike Mills **REQUIRED** Mike Mills, President 1/20/03 (954) 792-6000

CR2E037 (10/02)