

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15227 (4)
1. Corporation Name
HOME OWNERS ASSOCIATION SAN MATEO VILLAGE INC.

Principal Place of Business Mailing Address
P.O. BOX 5322 P.O. BOX 5322
TITUSVILLE FL 32783 TITUSVILLE FL 32783

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/03/1986	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2719592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VON HIRSCH, BARBARA S. 5004 SANTA BARBARA AVE. TITUSVILLE FL 32780		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	VONHIRSCH, BARBARA 5004 SANTA BARBARA AVE. TITUSVILLE FL	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	32780
TITLE V	POLLACCIO, JOE 312 SAN BERNARDO TITUSVILLE FL	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	32780
TITLE S	LAPARDO, DOROTHY 642 SAN ROBERTO DR. TITUSVILLE FL	31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME	S Mary Walters
STREET ADDRESS		33 STREET ADDRESS	353 San Mateo Blvd.
CITY - ST - ZIP		34 CITY - ST - ZIP	Titusville FL
TITLE D	JOYCE, DORIS 341 SAN MATEO BLVD. TITUSVILLE FL	41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	32780
TITLE D	SWEENEY, AL 345 SAN ROBERTO DR. TITUSVILLE FL	51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	32780
TITLE D	TRICH, GLORIA 248 SAN BERNARDO DR. TITUSVILLE FL	61 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	T Beverly Harjag
STREET ADDRESS		63 STREET ADDRESS	251 San Mateo Blvd
CITY - ST - ZIP		64 CITY - ST - ZIP	Titusville, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beverly J. Harjag* **BEVERLY J. HARJAG** Date: *4/24/95* 267 4259

N 15227

HOMEOWNERS ASSOCIATION SAN MATEO VILLAGE, INC.
ATTACHMENT TO 1995 CORPORATION ANNUAL REPORT
DOCUMENT # N15227 (4)

Additional officers and directors (Item 12):

Title	D
Name	Shirley Phipps
Street Address	5019 Santa Barbara Avenue
City, State, Zip	Titusville, FL 32780

Title	V
Name	Steve Coleman
Street Address	325 San Mateo Boulevard
City, State, Zip	Titusville, FL 32780