

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **06/03/1986**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2718592	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30			

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONHIRSCH, BARBARA	1.2 NAME	
STREET ADDRESS	5004 SANTA BARBARA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACCIO, JOE	2.2 NAME	
STREET ADDRESS	312 SAN BERNARDO	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTERS, MARY	3.2 NAME	Joyce, Doris
STREET ADDRESS	353 SAN MATEO BLVD	3.3 STREET ADDRESS	341 San Mateo Blvd
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE, DORIS	4.2 NAME	Tollenaar, Peggy
STREET ADDRESS	341 SAN MATEO BLVD.	4.3 STREET ADDRESS	333 San Roberto Blvd
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	Titusville FL 32780
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, AL	5.2 NAME	1000017440
STREET ADDRESS	345 SAN ROBERTO DR.	5.3 STREET ADDRESS	-03/15/96--01019--004
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	***61.25
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARZOG, BEVERLY	6.2 NAME	Pfraener, Patsy
STREET ADDRESS	351 SAN MATEO BLVD	6.3 STREET ADDRESS	5004 Santa Christina
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	Titusville, FL 32780

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)(k), 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:

Patsy Pfraener

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/96 (407) 383-0951

CR2E037 (12/95)

PS 3/14/96

N15227

HOMEOWNERS ASSOCIATION SAN MATEO VILLAGE, INC.
ATTACHMENT TO 1996 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	D
Name	Dick Parry
Street Address	5015 Santa Anna Avenue
City, State, Zip	Titusville, FL 32780

Title	D
Name	Gloria Hazen
Street Address	5000 Santa Anna Avenue
City, State, Zip	Titusville, FL 32780