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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



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

3. Date Incorporated or Qualified 06/03/1986 3a. Date of Last Report 03/14/1996
4. FEI Number 59-2719592 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
VON HIRSCH, BARBARA S.
5004 SANTA BARBARA AVE.
TITUSVILLE FL 32780

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VONHIRSCH, BARBARA	
STREET ADDRESS	5004 SANTA BARBARA AVE.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLLACCIO, JOE	
STREET ADDRESS	312 SAN BERNARDO	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHIPPS, SHIRLEY	
STREET ADDRESS	5019 SANTA ANNA AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARRY, DICK	
STREET ADDRESS	5015 SANTA ANNA AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWEENEY, AL	
STREET ADDRESS	345 SAN ROBERTO DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAZEN, GLORIA	
STREET ADDRESS	5000 SANTA ANNA AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *[Handwritten Signature]* 4/15/97

CR2E037 (9/96)

HOMEOWNERS ASSOCIATION SAN MATEO VILLAGE, INC.
ATTACHMENT TO 1996 CORPORATION ANNUAL REPORT
DOCUMENT # N15227 (4)

Additional officers and directors (Item 12):

Title	S
Name	Dorothy Lopardo
Street Address	342 San Roberto Drive
City, State, Zip	Titusville, FL 32780

Title	T
Name	Pat Phreaner
Street Address	5004 Santa Christina
City, State, Zip	Titusville, FL 32780

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

Title	D
Name	Gloria Tritch
Street Address	320 San Bernadino
City, State, Zip	Titusville, FL 32780

Title	V
Name	Peggy Tollenaer
Street Address	333 San Roberto Boulevard
City, State, Zip	Titusville, FL 32780