

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15227 (4)**  
 1. Corporation Name  
**HOME OWNERS ASSOCIATION SAN MATEO VILLAGE INC.**



Principal Place of Business <b>P.O. BOX 5322 TITUSVILLE FL 32783</b>	Mailing Address <b>P.O. BOX 5322 TITUSVILLE FL 32783</b>
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3. Date Incorporated or Qualified  
**06/03/1986**

4. FEI Number  
**59-2719592**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LOPARDO, DOROTHY</b> <b>342 SAN ROBERTO DRIVE</b> <b>TITUSVILLE FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>POLLACCIO, JOE</b> <b>312 SAN BERNARDO</b> <b>TITUSVILLE FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PHIPPS, SHIRLEY</b> <b>5019 SANTA ANNA AVENUE</b> <b>TITUSVILLE FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PHREANER, PAT</b> <b>5004 SANTA CHRISTINA</b> <b>TITUSVILLE FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLEMAN, STEVE</b> <b>325 SAN MATEO BOULEVARD</b> <b>TITUSVILLE FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAZEN, GLORIA</b> <b>5000 SANTA ANNA AVENUE</b> <b>TITUSVILLE FL 32780</b> <input checked="" type="checkbox"/> DELETE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 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: *Barbara von Hirsch* *Barbara von Hirsch* **4/30/98 (407) 367-8065**

CR2E037 (1097)

HOMEOWNERS ASSOCIATION SAN MATEO VILLAGE, INC.  
ATTACHMENT TO 1998 NONPROFIT CORPORATION ANNUAL REPORT  
DOCUMENT # N15227 (4)

Additional officers and directors (Item 12):

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

Title	S
Name	Barbara von Hirsch
Street Address	5004 Santa Barbara Avenue
City, State, Zip	Titusville, FL 32780

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

Title	D
Name	Beverly Herzog
Street Address	351 San Mateo Boulevard
City, State, Zip	Titusville, FL 32780

Title	D
Name	Bill Griggs
Street Address	5020 Santa Anna Avenue
City, State, Zip	Titusville, FL 32780

Title	D
Name	Don Sponholtz
Street Address	330 San Roberto Drive
City, State, Zip	Titusville, FL 32780