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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90029 048 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15227**

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
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284954 - 90029 - 48



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/03/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2719592 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLENAER, PEGGY	1.2 NAME	
STREET ADDRESS	333 SAN ROBERTO BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32781-0	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" 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	V <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, SHIRLEY	3.2 NAME	
STREET ADDRESS	5019 SANTA ANNA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRITCH, GLORIA	4.2 NAME	
STREET ADDRESS	320 SAN BERNADINO	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZOG, BEVERLY	5.2 NAME	
STREET ADDRESS	351 SAN MATEO BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, BILL	6.2 NAME	
STREET ADDRESS	5020 SANTA ANNA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: 3/30/99 Daytime Phone #: (407) 383-0951

HOMEOWNERS ASSOCIATION SAN MATEO VILLAGE, INC.  
ATTACHMENT TO 1999 NONPROFIT CORPORATION ANNUAL REPORT  
DOCUMENT # N15227

284954-90029-48  
N15227

Additional officers and directors (Item 12):

Title V  
Name Al Sweeney  
Street Address 345 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 T  
Name Pat Phraener  
Street Address 5004 Santa Christina Avenue  
City, State, Zip Titusville, FL 32780

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