

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90179 046 ****61.25

DOCUMENT # N15227

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2719592

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VON HIRSCH, BARBARA S.
 5004 SANTA BARBARA AVE.
 TITUSVILLE FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **V**
 STREET ADDRESS **TOLLENAER, PEGGY**
 CITY-ST-ZIP **333 SAN ROBERTO BOULEVARD
 TITUSVILLE FL 32781-0**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **SWEENEY, AL**
 CITY-ST-ZIP **345 SAN ROBERTO BLVD
 TITUSVILLE FL 32780**

TITLE Change Addition
 NAME **5**
 STREET ADDRESS **von Hirsch, Barbara**
 CITY-ST-ZIP **5004 Santa Barbara Avenue
 Titusville, FL 32780**

TITLE Delete
 NAME **P**
 STREET ADDRESS **PHIPPS, SHIRLEY**
 CITY-ST-ZIP **5019 SANTA ANNA AVENUE
 TITUSVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **TRITCH, GLORIA**
 CITY-ST-ZIP **320 SAN BERNADINO
 TITUSVILLE FL 32780**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HERZOG, BEVERLY**
 CITY-ST-ZIP **351 SAN MATEO BOULEVARD
 TITUSVILLE FL 32780**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **GRIGGS, BILL**
 CITY-ST-ZIP **5020 SANTA ANNA AVENUE
 TITUSVILLE FL 32780**

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **Phreaner, Patsy**
 CITY-ST-ZIP **5004 Santa Christina Avenue
 Titusville, FL 32780**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/27/00**
 Daytime Phone #: **(321) 383-0951**

CR2E037 (9/99)