

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91565 041 ****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

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

DO NOT WRITE IN THIS SPACE



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 **CAROLE E DYER**

Street Address (P.O. Box Number is Not Acceptable)
5018 SANTA BARBARA AVE

City **TITUSVILLE** FL Zip Code **32780**

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 *Carole E Dyer*
 Signature, typed or printed name of registered agent and title if applicable.

5-1-01
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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	V	<input type="checkbox"/> Delete
NAME	TOLLENAER, PEGGY	
STREET ADDRESS	333 SAN ROBERTO BOULEVARD	
CITY-ST-ZIP	TITUSVILLE FL 32781-0	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VON HIRSCH, BARBARA	
STREET ADDRESS	5004 SANTA BARBARA AVE	
CITY-ST-ZIP	TITUSVILLE FL 82780	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PHIPPS, SHIRLEY	
STREET ADDRESS	5019 SANTA ANNA AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRITCH, GLORIA	
STREET ADDRESS	320 SAN BERNADINO	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERZOG, BEVERLY	
STREET ADDRESS	351 SAN MATEO BOULEVARD	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIGGS, BILL	
STREET ADDRESS	5020 SANTA ANNA AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY DIERKING	
STREET ADDRESS	334 SAN ROBERTO DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY W. WALTERS	
STREET ADDRESS	353 SAN MATEO BLVD	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORNA M. KHOTO	
STREET ADDRESS	343 SAN ROBERTO DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *MARY W. WALTERS* **5-1-01 321-269-3305**

CR2E037 (10/00)