

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90138 035 \*\*\*\*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

4. FEI Number

**59-2719592**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DYER, CAROLE E**  
**5018 SANTA BARBARA AVE**  
**TITUSVILLE FL 32780**

Name **FRITZ VON HIRSCH**

Street Address (P.O. Box Number is Not Acceptable)  
**5004 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

**1st Vice President**

**2/5/02**

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

TITLE **V**  Change  Addition  
 NAME **MAURILE TOLLENAER**  
 STREET ADDRESS **333 SAN ROBERTO BLVD**  
 CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **P**  Delete  
 NAME **DIERKING, LARRY**  
 STREET ADDRESS **334 SAN ROBERTO DR**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **WALTERS, MARY W**  
 STREET ADDRESS **353 SAN MATEO BLVD**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**  
*DO NOT DELETE*

TITLE **V**  Change  Addition  
 NAME **FRITZ VON HIRSCH**  
 STREET ADDRESS **5004 SANTA BARBARA AVE**  
 CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **S**  Delete  
 NAME **LHIOTO, LORNA M**  
 STREET ADDRESS **343 SAN ROBERTO DR**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **D**  Change  Addition  
 NAME **BETTY BROWN**  
 STREET ADDRESS **5014 SANTA ANNA AVE**  
 CITY-ST-ZIP **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 lists empowered.

SIGNATURE

*Fritz von Hirsch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Fritz von Hirsch**  
**1st Vice President**

**2/5/02**

**(321) 267-8065**

Date

Daytime Phone #

CR2E037 (9/01)