

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90009 027 \*\*\*\*61.25

**DOCUMENT # N15227**

1. Entity 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

54008175



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

VON HIRSCH, FRITZ  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Fritz von Hirsch, Pres.

2/12/04

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TOLLENAER, MAURICE	
STREET ADDRESS	333 SAN ROBERTO BOULEVARD	
CITY-ST-ZIP	TITUSVILLE FL 32781-0	
TITLE	V2	<input checked="" type="checkbox"/> Delete
NAME	BETTS, WENDELL	
STREET ADDRESS	345 SAN MATEO BLVD	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIFFENDERFER, HAROLD	
STREET ADDRESS	5010 SANTA CHRISTINA AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MANNING, AUDREY	
STREET ADDRESS	5017 SANTA BARBARA AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ARTHUR, SONJA	
STREET ADDRESS	352 SAN ROBERTO DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, BETTY	
STREET ADDRESS	5014 SANTA ANNA AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	1st VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betts, Wendell	
STREET ADDRESS	345 San Mateo Blvd.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Dierking	
STREET ADDRESS	334 San Roberto Drive	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonja Arthur	
STREET ADDRESS	352 San Roberto Drive	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Graves	
STREET ADDRESS	318 San Bernardo Drive	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	Dir.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Beggs	
STREET ADDRESS	340 San Roberto Drive	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	Dir.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Capellini	
STREET ADDRESS	335 San Mateo Blvd.	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fritz von Hirsch

Date

(321) 267-8065

Daytime Phone #

Attachment

94017451

# N15227

ADDITIONAL DIRECTORS TO ITEM #10

54008175

Len Miller  
338 San Mateo Boulevard  
Titusville, FL 32780

Maurice Tollenaer  
333 San Roberto Drive  
Titusville, FL 32780