

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15227

FILED
Jan 07, 2012
Secretary of State

Entity Name: HOME OWNERS ASSOCIATION SAN MATEO VILLAGE INC.

Current Principal Place of Business:

5004 SANTA BARBARA AVENUE
TITUSVILLE, FL 32780

New Principal Place of Business:

5004 SANTA BARBARA AVENUE
TITUSVILLE, FL 32780 UN

Current Mailing Address:

P.O. BOX 5322
TITUSVILLE, FL 32783

New Mailing Address:

FEI Number: 59-2719592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON HIRSCH, FRITZ
5004 SANTA BARBARA AVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: VON HIRSCH, BARBARA
Address: 5004 SANTA BARBARA AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: 1VP
Name: COLLINS, BILLY
Address: 348 SAN MATEO BOULEVARD
City-St-Zip: TITUSVILLE, FL 32780

Title: 2VP
Name: DUNFEE, PAUL
Address: 5008 SANTA ANNA AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: S
Name: ROGERS, LONA
Address: 319 SAN BERNARDO DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: T
Name: ARTHUR, SONJA
Address: 352 SAN ROBERTO
City-St-Zip: TITUSVILLE, FL 32780

Title: CFO
Name: GERMAN, WILLIAM
Address: 330 SAN BERNARDO DR.
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LONA B. ROGERS

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01/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date