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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002958 (6)**

1. Corporation Name

MICHAELS SQUARE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business	Mailing Address
728 MICHAELS CT STUART FL 34996 US	728 MICHAELS CT STUART FL 34996-3636 US

3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report 06/12/1996
4. FEI Number 59-3298853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
BOWERS, JEFFERY A 728 MICHAELS COURT STUART FL 34996

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jeffery A. Bowers* DATE *4/30/97*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
DP	BOWERS, JEFFERY A
STREET ADDRESS	728 MICHAELS CT
CITY-ST-ZIP	STUART FL
TITLE	NAME
DV	POORMAN, CURT
STREET ADDRESS	716 MICHAELS CT
CITY-ST-ZIP	STUART FL
TITLE	NAME
DST	BOWERS, LISA W
STREET ADDRESS	728 MICHAELS CT
CITY-ST-ZIP	STUART FL
TITLE	NAME
D	HARWOOD, BUDDY
STREET ADDRESS	712 MICHAELS COVER
CITY-ST-ZIP	STUART FL
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

**DST
LaConte, Cindy Lash
709 Michaels Ct
Stuart, FL**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffery A. Bowers* DATE: *4/30/97 (561) 283-2096*
(NOTE: Registered Agent signature required when reinstating)

CR2E037 (9/96)