

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>728 MICHAELS CT STUART FL 34996 US</b>	Mailing Address <b>728 MICHAELS CT STUART FL 34996 US</b>
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3. Date Incorporated or Qualified <b>06/15/1994</b>	
4. FEI Number <b>59-3298853</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>712 Michaels Ct</b> Suite, Apt. #, etc. 22 City & State 23 <b>Stuart, FL</b> Zip 24 <b>34996</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>712 Michaels Ct</b> Suite, Apt. #, etc. 27 City & State 28 <b>Stuart, FL</b> Zip 29 <b>34996</b> Country 30 <b>US</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWERS, JEFFERY A  
728 MICHAELS CT  
STUART FL 34996**

81 Name <b>Wallace S. Harwood</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>712 Michaels Ct</b>
83
84 City <b>Stuart</b>
85 Zip Code <b>FL 34996</b>

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 **Wallace S. Harwood** (NOTE: Registered Agent signature required when reinstating) DATE **4-21-98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP BOWERS, JEFFERY A 728 MICHAELS CT STUART FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV POORMAN, CURT 716 MICHAELS CT STUART FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST LACONTE, CINDY LASH 709 MICHAEL CT. STUART FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HARWOOD, BUDDY 712 MICHAELS COVER STUART FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: **Wallace S. Harwood** **4-21-98**

CR2E037 (10/97)