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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002958

1. Corporation Name
MICHAELS SQUARE HOMEOWNERS' ASSOCIATION, INC.

* 5 7 0 1 9 9 - 9 0 0 0 5 - 3 *

Principal Place of Business	Mailing Address
712 MICHAELS CT STUART FL 34996 US	712 MICHAELS CT STUART FL 34996 US

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

3. Date Incorporated or Qualified: 06/15/1994

4. FEI Number: 59-3298853 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARWOOD, WALLACE S.
712 MICHAELS CT
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 FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	5 (Secretary)	☒ Change ☐ Addition
NAME	BOWERS, JEFFERY A		1.2 NAME		
STREET ADDRESS	728 MICHAELS CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE	DV and trustee	☒ Change ☐ Addition
NAME	POORMAN, CURT		2.2 NAME		
STREET ADDRESS	716 MICHAELS CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP		
TITLE	DST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LACONTE, CINDY LASH		3.2 NAME		
STREET ADDRESS	709 MICHAEL CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE	P and trustee	☒ Change ☐ Addition
NAME	HARWOOD, BUDDY		4.2 NAME		
STREET ADDRESS	712 MICHAELS COVER		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	(Treasurer) T and	☒ Change ☒ Addition
NAME			5.2 NAME	Stephen Shaw	
STREET ADDRESS			5.3 STREET ADDRESS	733 Michaels Court	Trustee
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 4-29-99 561-283 7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #