

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

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90033 029 ****61.25

DOCUMENT # N94000002958

1. Entity Name

MICHAELS SQUARE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

712 MICHAELS CT
STUART FL 34996
US

Mailing Address

712 MICHAELS CT
STUART FL 34996
US

94014644



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3298853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARWOOD, W.S.
712 S.E. MICHAELS COURT
STUART FL 34996

7. Name and Address of New Registered Agent

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

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

TITLE PSD
NAME O'CONNOR, DENNIS
STREET ADDRESS 723 S.E. MICHAELS COURT
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE DVT
NAME SHAW, STEPHEN
STREET ADDRESS 733 S.E. MICHAELS COURT
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE ~~STT~~
NAME ~~SHAW, STEPHEN~~
STREET ADDRESS 733 MICHAELS CT
CITY-ST-ZIP STUART FL 34996 ☒ Delete

TITLE STT
NAME HARWOOD, W.S. "BUDDY"
STREET ADDRESS 712 S.E. MICHAEL COURT
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE ~~PSD~~
NAME ~~SUNSTROM, JULIA~~
STREET ADDRESS 724 MICHAELS CT
CITY-ST-ZIP STUART, FL 34996 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *W.S. HARWOOD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29-04 772 283 744
Date Daytime Phone #