

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90010 048 ****61.25

DOCUMENT # N94000002958 1. Entity Name MICHAELS SQUARE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 724 MICHAELS CT STUART, FL 34996 US			Mailing Address 724 MICHAELS CT STUART, FL 34996 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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 SUNSTROM, Judith — <u>SPELL</u> SUNDSTROM 724 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 <u>Judith Sundstrom</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Judith Sundstrom</u> (NOTE: Registered Agent signature required when reinstating)		<u>3/15/06</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD	☒ Delete	TITLE	PSD	☒ Change ☐ Addition
NAME	O'CONNOR, DENNIS		NAME	NABORHAUS, Michelle	
STREET ADDRESS	723 S.E. MICHAELS COURT		STREET ADDRESS	708 SE Michaels Court	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	Stuart, FL 34996	
TITLE	DVT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHAW, STEPHEN		NAME		
STREET ADDRESS	733 S.E. MICHAELS COURT		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	STTD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HARWOOD, W.S. "BUDDY"		NAME		
STREET ADDRESS	712 S.E. MICHAEL COURT		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	DS	☒ Delete	TITLE	DTS	☒ Change ☐ Addition
NAME	SUNSTROM, JUDITH		NAME	SUNDSTROM, Judith	
STREET ADDRESS	724 MICHAELS CT.		STREET ADDRESS	724 SE Michaels Ct	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	Stuart, FL 34996	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Judith Sundstrom</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>Judith Sundstrom</u> Date		<u>3/15/06</u> Daytime Phone #	
				<u>772-287-8685</u>	