2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000170

FILED Apr 30, 2009 Secretary of State

Entity Name: THE VILLAGES OF SAN MATEO MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 18001 OLD CUTLER RD STE 509 18001 OLD CUTLER RD STE 521 MIAMI, FL 33157 MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 18001 OLD CUTLER RD STE 509 18001 OLD CUTLER RD STE 521 MIAMI, FL 33157 MIAMI, FL 33157 FEI Number: 65-0982595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROUGH, DAVID 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SMITH, DEBRA SMITH, DEBRA Name: Name: 2223 PASADENA WAY Address: 2223 PASADENA WAY Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: WESTON, FL 33327 Title: () Delete Title: (X) Change () Addition MC DONALD, BERNADETTE Name: MC DONALD, BERNADETTE Name: Address: 2177 ENSENDA TERR Address: 2177 ENSENDA TERR City-St-Zip: WESTON, FL 33327 City-St-Zip: WESTON, FL 33327 Title: PD () Delete Title: (X) Change () Addition DUEKE, ELAINE GELPI, DEBRA Name: Name: 2295 PASADENA WAY 2076 HACIENDA TERR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33327 City-St-Zip: WESTON, FL 33327 Title: Title: () Change (X) Addition () Delete Name: Name: SINGER, ROCHELLE 2201 CORDOBA BEND Address: Address: City-St-Zip: City-St-Zip: WESTON, FL 33327 Title: () Delete Title: () Change (X) Addition ROESER, FRANK Name: Name: 2137 HACIENDA TERR Address: Address: City-St-Zip: City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY P. LESTER PM 04/30/2009