

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15227

**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**9623144345CC**

**Entity Name:** HOME OWNERS ASSOCIATION SAN MATEO VILLAGE INC.

**Current Principal Place of Business:**

5205 SISSON ROAD  
TITUSVILLE, FL 32780

**Current Mailing Address:**

5205 SISSON ROAD  
TITUSVILLE, FL 32780 US

**FEI Number:** 59-2719592

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARFINKEL LAW  
300 N. MAITLAND AVENUE  
MAITLAND, FL 32751 US

*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:** DARA L. LAHAV, ESQ

04/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MURRAY, TERRY  
Address        5018 SANTA BARBARA AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title            1ST VICE PRESIDENT  
Name            HEMMER, MELVIN  
Address        345 SAN MATEO BLVD  
City-State-Zip: TITUSVILLE FL 32780

Title            2ND VICE PRESIDENT  
Name            CANTER, GLENN  
Address        5018 SANTA ANNA AVNUE  
City-State-Zip: TITUSVILLE FL 32780

Title            SECRETARY  
Name            CLAYTON, MARSHA  
Address        341 SAN MATEO BOULEVARD  
City-State-Zip: TITUSVILLE FL 32780

Title            TREASURER  
Name            GHIOTO, LORNA  
Address        343 SAN ROBERTO DRIVE  
City-State-Zip: TITUSVILLE FL 32780

Title            DIRECTOR  
Name            THOMPSON, HOWARD  
Address        343 SAN MATEO BOULEVARD  
City-State-Zip: TITUSVILLE FL

Title            DIRECTOR  
Name            PARSONS, JUANITA  
Address        5012 SANTA BARBARA AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title            DIRECTOR  
Name            CLOUGH, NANCY  
Address        328 SAN BERNARDO DRIVE  
City-State-Zip: TITUSVILLE FL 32780

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** LORNA GHIOTO

**TREASURER**

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            TACONE, HELEN  
Address        5006 SANTA ANNA AVENUE  
City-State-Zip: TITUSVILLE FL 32780