

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15227

FILED
Mar 30, 2013
Secretary of State
CC7858812695

Entity Name: HOME OWNERS ASSOCIATION SAN MATEO VILLAGE INC.

Current Principal Place of Business:

5004 SANTA BARBARA AVENUE
TITUSVILLE, FL 32780

Current Mailing Address:

P.O. BOX 5322
TITUSVILLE, FL 32783

FEI Number: 59-2719592

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VON HIRSCH, FRITZ
5004 SANTA BARBARA AVE
TITUSVILLE, FL 32780 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BROWN, RICHARD
Address 5016 SANTA BARBARA AVENUE
City-State-Zip: TITUSVILLE FL 32780

Title 1VP
Name ROGERS, LONA
Address 319 SAN BERNARDO DR
City-State-Zip: TITUSVILLE FL 32780

Title 2VP
Name BISHOP, LINDA
Address 350 SAN ROBERTO DR
City-State-Zip: TITUSVILLE FL 32780

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

Title T
Name ARTHUR, SONJA
Address 352 SAN ROBERTO
City-State-Zip: TITUSVILLE FL 32780

Title CFO
Name GERMAN, WILLIAM
Address 330 SAN BERNARDO DR.
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name FRANKLIN, BILL
Address 333 SAN MATEO BLVD.
City-State-Zip: TITUSVILLE FL

Title DIRECTOR
Name HEDRIICK, LEE
Address 5008 SANTA CHRISTINA AVE.
City-State-Zip: TITUSVILLE FL 32780

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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: LONA ROGERS

1VP

03/30/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PERREULT, DON
Address 356 SAN ROBERTO DR.
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name LAFAVE, BARBARA
Address 316 SAN BERNARDO DR.
City-State-Zip: TITUSVILLE FL 32780