

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N15227

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 WHYNOT, P.A.
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: _____

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, PHILLIS
Address 322 SANTA BERNADO DRIVE
City-State-Zip: TITUSVILLE FL 32780

Title 2ND VICE PRESIDENT
Name PHILLIPS, DAVE
Address 5019 SAN MATEO BLVD.
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 BROWN, BETTY
Address 5014 SANTA ANNA AVENUE
City-State-Zip: TITUSVILLE FL

Title DIRECTOR
Name HERZOG, BEVERLY
Address 351 SAN MATEO BOULEVARD
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name HOFFMAN, O.J.
Address 316 SAN MATEO BOULEVARD
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: TERRY MURRAY

PRESIDENT

04/18/2017

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