

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

DOCUMENT# N19000010122

**Entity Name:** SAN MATEO NEIGHBORHOOD,INC.**Current Principal Place of Business:**11477 ELANE DRIVE  
JACKSONVILLE, FL 32218**Current Mailing Address:**11477 ELANE DRIVE  
JACKSONVILLE, FL 32218**FEI Number: 84-3263653****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHILBRICK, DONNA J  
11477 ELANE DRIVE  
JACKSONVILLE, FL 32218 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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | PRES                  |
| Name            | PHILBRICK, DONNA J    |
| Address         | 11477 ELANE DRIVE     |
| City-State-Zip: | JACKSONVILLE FL 32218 |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | LACY, JAMIE L         |
| Address         | 352 RIO ROAD          |
| City-State-Zip: | JACKSONVILLE FL 32218 |

|                 |                       |
|-----------------|-----------------------|
| Title           | TRES                  |
| Name            | PICKEL, RALPH G       |
| Address         | 328 BAISDEN ROAD      |
| City-State-Zip: | JACKSONVILLE FL 32218 |

|                 |                       |
|-----------------|-----------------------|
| Title           | SEC                   |
| Name            | PENSA, JENNIFER M     |
| Address         | 11234 AVERY DRIVE     |
| City-State-Zip: | JACKSONVILLE FL 32218 |

|                 |                       |
|-----------------|-----------------------|
| Title           | AUDITOR               |
| Name            | POWELL, SANDRA D      |
| Address         | 11483 ELANE DRIVE     |
| City-State-Zip: | JACKSONVILLE FL 32218 |

*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: RALPH PICKEL****TREASURE****03/15/2021**

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Electronic Signature of Signing Officer/Director Detail

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Date