


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33726** (3)  
1. Corporation Name  
**SAN MATEO II HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>2316-A LA RUE COURT TALLAHASSEE FL 32303 US</b>	Mailing Address <b>2316-A LA RUE COURT TALLAHASSEE FL 32303-4349 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/15/1989</b>	3a. Date of Last Report <b>04/12/1996</b>
21		26		4. FEI Number <b>59-2211249</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	Country	29 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>THOMPSON, SUSAN S 1530 METROPOLITAN BLVD TALLAHASSEE FL 32308</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>KING, ADAM</b>	1.2 NAME	<b>Zufall, John</b>
STREET ADDRESS	<b>2301 LA RUE COURT</b>	1.3 STREET ADDRESS	<b>2309-C La Rue Court</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	<b>Tallahassee FL 32303</b>
TITLE	<b>SD</b>	2.1 TITLE	<b>SD</b>
NAME	<b>CHERYL L. SCOTT</b>	2.2 NAME	<b>Humphrey, Vonda</b>
STREET ADDRESS	<b>2309-B LA RUE COURT</b>	2.3 STREET ADDRESS	<b>2317-A La Rue Court</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	2.4 CITY-ST-ZIP	<b>Tallahassee FL 32303</b>
TITLE	<b>TD</b>	3.1 TITLE	
NAME	<b>PRUITT, NANCY</b>	3.2 NAME	
STREET ADDRESS	<b>2316-A LA RUE COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy Pruitt* **NANCY PRUITT TD** 4/5/97 904-413-6127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0007521

CR2E037 (9/96)