

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001866

1. Entity Name

SAINT MICHEL VILLAGE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

824 LAUREL DRIVE
ROCKLEDGE FL 32955

Mailing Address

P.O. BOX 560606
ROCKLEDGE FL 32956-0606

2. Principal Place of Business

827 Honeysuckle DR
Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.

City & State

Rockledge FL

City & State

Rockledge FL

Zip

32955

Country

BREVARD

Zip

32955

Country

FL

4. FEI Number

65-0671269

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSH, PAT
824 LAUREL DRIVE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name JENNIFER G. CURNUTT

Street Address (P.O. Box Number is Not Acceptable)

827 Honeysuckle Drive

City Rockledge

FL

Zip Code 32955

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARSH, PAT ☒ Delete
STREET ADDRESS 824 LAUREL DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VPD
NAME WIRKKALA, RON ☒ Delete
STREET ADDRESS 820 LAUREL DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE TD
NAME CURNUTT, JENNIFER G ☐ Delete
STREET ADDRESS 827 HONEYSUCKLE DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE SD
NAME CONNORS, KATHLEEN ☐ Delete
STREET ADDRESS 830 ST MICHAEL DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME JENNIFER G. CURNUTT
STREET ADDRESS 827 Honeysuckle Drive
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME RANDY STEVENSON
STREET ADDRESS 820 Honeysuckle Drive
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE TREASURER ☐ Change ☒ Addition
NAME MARY Minnich
STREET ADDRESS 816 St Michel Drive
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 321-636-1311

Date

Daytime Phone #

CR2E037 (9/01)