

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90443 049 ****61.25

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|---|---|---|--|---|--|
| DOCUMENT # N94000001866 1. Entity Name SAINT MICHEL VILLAGE HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 827 HONEYSUCKLE DR. ROCKLEDGE, FL 32955 | | | | Mailing Address P.O. BOX 560606 ROCKLEDGE, FL 32956-0606 | |
| 2. Principal Place of Business 843 LAUREL DR. | | 3. Mailing Address SAME AS ABOVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02292004 Chg-NP CR2E037 (10/03) | |
| City & State ROCKLEDGE, FL | | City & State | | 4. FEI Number 65-0671269 | |
| Zip 32955 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRANDEY, DOUGLAS S 829 HONEYSUCKLE DR. ROCKLEDGE, FL 32955 | | | | 7. Name and Address of New Registered Agent Name JEREMY FREEMAN Street Address (P.O. Box Number is Not Acceptable) 840 LAUREL DR. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE TREASURER 4/23/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CURNUTT, JENNIFER G 827 HONEYSUCKLE DRIVE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHN MELLICK 843 LAUREL DR ROCKLEDGE, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LITTLE, LANCE 822 ST. MICHEL DRIVE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CHRISTINE BRAGDON 839 LAUREL DR ROCKLEDGE, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GRANDEY, DOUG 829 HONEYSUCKLE DRIVE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JEREMY FREEMAN 840 LAUREL DR ROCKLEDGE, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURNUTT, JAN 826 ST. MICHEL DRIVE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PAM LEE 835 LAUREL DR ROCKLEDGE, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MITCHELL, MIKE 838 HONEYSUCKLE DRIVE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHRIS SHEPARD 831 ST MICHEL DR ROCKLEDGE, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FORD, WAYNE 842 LAUREL DRIVE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PAT MARSH 824 LAUREL DR ROCKLEDGE, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered. | | | | | |
| SIGNATURE: | | | | 4/23/04 (321) 632-8368 <small>Date Daytime Phone #</small> | |