

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 023 ****61.25

DOCUMENT # N94000001866

1. Entity Name
SAINT MICHEL VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**843 LAUREL DR.
ROCKLEDGE, FL 32955**

Mailing Address
**P.O. BOX 560606
ROCKLEDGE, FL 32956-0606**

40074828



2. Principal Place of Business

835 HONEYSUCKLE DR

3. Mailing Address

Suite, Apt. #, etc.

ROCKLEDGE, FL

Suite, Apt. #, etc.

City & State

32955

USA

City & State

Zip

Country

Zip

Country

04122005

Chg-NP

CR2E037 (10/03)

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

**FEEMAN, JEREMY
840 LAUREL DR.
ROCKLEDGE, FL 32955**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25.
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MELICK, JOHN	
STREET ADDRESS	843 LAUREL DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRAGDON, CHRISTINE	
STREET ADDRESS	839 LAUREL DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREEMAN, JEREMY	
STREET ADDRESS	840 LAUREL DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEE, PAM	
STREET ADDRESS	835 LAUREL DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPARD, CHRIS	
STREET ADDRESS	831 ST MICHEL DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSH, PAT	
STREET ADDRESS	824 LAUREL DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL OBENDORF	
STREET ADDRESS	835 HONEYSUCKLE DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE HENNESSY	
STREET ADDRESS	841 LAUREL DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Jeremy Freeman **JEREMY FREEMAN**

4/25/05

(321) 632-8368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #