

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

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

6. Name and Address of Current Registered Agent

FEEMAN, JEREMY  
840 LAUREL DR.  
ROCKLEDGE, FL 32955

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MELLICK, JOHN  
STREET ADDRESS 843 LAUREL DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

Delete

TITLE P  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

CAROL OBENDORF  
835 HONEY SUCKLE DR.  
ROCKLEDGE, FL 32955

TITLE VD  
NAME BRAGDON, CHRISTINE  
STREET ADDRESS 839 LAUREL DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

Delete

TITLE V  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

CHRISTINE HENNESSY  
841 LAUREL DR  
ROCKLEDGE, FL 32955

TITLE TD  
NAME FREEMAN, JEREMY  
STREET ADDRESS 840 LAUREL DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE SD  
NAME LEE, PAM  
STREET ADDRESS 835 LAUREL DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D  
NAME SHEPARD, CHRIS  
STREET ADDRESS 831 ST MICHEL DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D  
NAME MARSH, PAT  
STREET ADDRESS 824 LAUREL DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 (321)632-8368  
Date Daytime Phone #

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

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

40074828



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