

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90410 047 ****61.25

DOCUMENT # N94000001866

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



Principal Place of Business
**835 HONEYSUCKLE DRIVE
ROCKLEDGE, FL 32955**

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



04262006 No Chg-NP- CR2E037 (11/05)---

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
OBENDORF, CAROL
835 HONEYSUCKLE DRIVE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HENNESSY, CHRISTINE
841 LAUREL DRIVE
ROCKLEDGE, FL 32955**

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

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

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

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEREMY FREEMAN

4/26/06
Date

(321) 632-8368
Daytime Phone #