2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000001866

Entity Name: SAINT MICHEL VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED Apr 23, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 827 HONEYSUCKLE DR. ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** P.O. BOX 560606 ROCKLEDGE, FL 329560606 FEI Number: 65-0671269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CURNUTT, JENNIFER G GRANDEY, DOUGLAS S 827 HONEÝSUCKLE DR. 829 HONEÝSUCKLE DR. US US ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 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: DOUGLAS S. GRANDEY 04/23/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CURNUTT, JENNIFER G CURNUTT, JENNIFER G Name: Name: 827 HONEYSUCKLE DR. Address: 827 HONEYSUCKLE DRIVE Address: ROCKLEDGE, FL 32955 City-St-Zip: City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: VPD (X) Change () Addition STEVENSON, RANDY Name: LITTLE, LANCE Name: Address: 820 HONEYSUCKLE DR. Address: 822 ST. MICHEL DRIVE City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: (X) Change () Addition MINNICH, MARY GRANDEY, DOUG Name: Name: 816 ST MICHEL DR. 829 HONEYSUCKLE DRIVE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 (X) Change () Addition Title: SD () Delete Title: D Name: CONNORS, KATHLEEN Name: CURNUTT, JAN 830 ST MICHAEL DRIVE 826 ST. MICHEL DRIVE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: () Change (X) Addition MITCHELL, MIKE Name: Name: 838 HONEYSUCKLE DRIVE Address: Address: City-St-Zip: City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: () Change (X) Addition FORD, WAYNE Name: Name: Address: Address: 842 LAUREL DRIVE ROCKLEDGE, FL 32955 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS S. GRANDEY TD 04/23/2003