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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002958 (6)**

1. Corporation Name

MICHAELS SQUARE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
409 OSCEOLA AVE STUART FL 34994	409 OSCEOLA AVE STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report: N.A.
4. FEI Number: 59-329 8853 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 728 MICHAELS CT.	2a. Mailing Address 26 728 MICHAELS CT.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 STUART FLA.	City & State 28 STUART FLA.
Zip / Country 24 34996 / 25 MARTIN	Zip / Country 29 34996 / 30 MARTIN

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUSHMAN, MICHAEL W 409 OSCEOLA AVE STUART FL 34994	81 Name: JEFFERY A. BOWERS 82 Street Address (P.O. Box Number is Not Acceptable) 83 728 MICHAELS COURT 84 City: STUART FL 85 Zip Code: 34996

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jeffery A Bowers JEFFERY A. BOWERS Director, President 4/25/95
(Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	BUSHMAN, MICHAEL W	12 NAME	JEFFERY A. BOWERS
STREET ADDRESS	409 E OSCEOLA AVE	13 STREET ADDRESS	728 MICHAELS, CT.
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	STUART, FL 34996
TITLE	DV	21 TITLE	DV ☒ Change ☐ Addition
NAME	ECKEL, RICHARD	22 NAME	POORMAN, CURT X.
STREET ADDRESS	BOX 236 N/A	23 STREET ADDRESS	716 MICHAELS CT.
CITY-ST-ZIP	GRAND MARAIS MN 55604	24 CITY-ST-ZIP	STUART, FLA 34996
TITLE	DST	31 TITLE	DST ☒ Change ☐ Addition
NAME	ECKEL, BARBARA J	32 NAME	BOWERS LISA W.
STREET ADDRESS	BOX 236 N/A	33 STREET ADDRESS	728 MICHAELS CT.
CITY-ST-ZIP	GRAND MARAIS MN 55605	34 CITY-ST-ZIP	STUART FLA. 34996
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffery A Bowers JEFFERY A. BOWERS 4/24/95 (407) 283-2096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070483