## 2006 NOT-FOR-PROFIT CORPORATION

## Mar 20, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N94000002958 03-20-2006 90010 048 \*\*\*\*61.25 MICHAELS SQUARE HOMEOWNERS' ASSOCIATION. Principal Place of Business Mailing Address 724 MICHAELS CT 724 MICHAELS CT STUART, FL 34996 STUART, FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-NP CR2E037 (11/05) FEI Number 59-3298853 City & State City & State Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUN**DS**TROM SUNSTROM. Judith 724 S.E. MICHAELS COURT Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34996 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. Judith ShowostRom SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PSD TILE **⊠** Delete TITLE Change ☐ Addition NABORHAUS, Michelle 708 SEMIENALLS Court O'CONNOR, DENNIS NAME NAME STREET ADDRESS 723 S.E. MICHAELS COURT STREET ADDRESS Stuart FL 34996 CITY-ST-ZIP STUART, FL 34996 CITY-ST-ZIP DVT TITLE Delete TITLE ☐ Change Addition SHAW, STEPHEN NAME 733 S.E. MICHAELS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 CITY-ST-ZIP STTD Delete ☐ Addition HARWOOD, W.S. "BUDDY" NAME NAME STREET ADDRESS 712 S.E. MICHAEL COURT STREET ADDRESS STUART, FL 34996 CITY-ST-ZIP CITY-ST-7P TITLE Delete DTS TITLE 'M' Change ☐ Addition SUNDSTROM SUNSTROM, JUDITH Judith NAME NAME 24 SE Michaels et STREET ADDRESS 724 MICHAELS CT. STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 CITY-ST-ZIP 34996 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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. Judith Sundstrom

SIGNATURE: