

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002958

1. Entity Name
**MICHAELS SQUARE HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**724 MICHAELS CT
STUART, FL 34996 US**

Mailing Address
**724 MICHAELS CT
STUART, FL 34996 US**



01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3298853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SUNDSTROM, JUDITH
724 S.E. MICHAELS COURT
STUART, FL 34996**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	NABORHAUS, MICHELLE
STREET ADDRESS	708 S.E. MICHAELS CT
CITY-ST-ZIP	STUART, FL 34996

TITLE	DVT
NAME	SHAW, STEPHEN
STREET ADDRESS	733 S.E. MICHAELS COURT
CITY-ST-ZIP	STUART, FL 34996

TITLE	DTS
NAME	SUNDSTROM, JUDITH
STREET ADDRESS	724 S.E. MICHAELS CT
CITY-ST-ZIP	STUART, FL 34996

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000591236
01/19/07-80015-001 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judith Sundstrom Judith Sundstrom 1/16/07
772-287-8685