

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766668 (8)

1. Corporation Name

VILLAGE SQUARE OF TITUSVILLE, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% 1655 HARRISON STREET
TITUSVILLE FL 32780

% 1655 HARRISON STREET
TITUSVILLE FL 32780

3. Date Incorporated or Qualified
01/24/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROAD, THOMAS P
1685 HARRISON ST., #252
TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed 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	VP	<input checked="" type="checkbox"/> DELETE
NAME	POLK, GERALDINE	
STREET ADDRESS	1705 HARRISON ST #150	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANGGLE, JANICE	
STREET ADDRESS	1724 HARRISON #122	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROAD, T	
STREET ADDRESS	1685 HARRISON ST. #252	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MINTER, AIRGINIA	
STREET ADDRESS	1685 HARRISON ST, 254	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUDAK, W	
STREET ADDRESS	1705 HARRISON ST. #149	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PABIS, H	
STREET ADDRESS	1715 HARRISON ST. #235	
CITY-ST-ZIP	TITUSVILLE FL 32780	

1.1 TITLE	AMES PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DESHOTEL, JAMES H.	
1.3 STREET ADDRESS	1785 HARRISON ST #112	
1.4 CITY-ST-ZIP	Titusville FL 32780	
2.1 TITLE	AMES SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAULINE LUKE, PAULINE P.	
2.3 STREET ADDRESS	1715 HARRISON ST #135	
2.4 CITY-ST-ZIP	Titusville FL 32780	
3.1 TITLE	JP VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LANGGLE, JANICE	
3.3 STREET ADDRESS	1724 HARRISON ST #122	
3.4 CITY-ST-ZIP	Titusville FL 32780	
4.1 TITLE	AMES TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BROAD, THOMAS P.	
4.3 STREET ADDRESS	1685 HARRISON ST #252	
4.4 CITY-ST-ZIP	Titusville FL 32780	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: Thomas P Broad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96
Date

407-383-4874
Daytime Phone #

CR2E037 (12/95)