

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$235.25).

FILED  
 Aug 11 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766668 (8)**

1. Corporation Name  
**VILLAGE SQUARE OF TITUSVILLE, CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business % 1655 HARRISON STREET TITUSVILLE FL 32780	Mailing Address % 1655 HARRISON STREET TITUSVILLE FL 32780
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/24/1983		02/16/1996	
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2350781		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
32781-3033		USA		32781-3033		USA	

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			
Titusville				FL		32780	

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 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 617.0503, Florida Statutes.

SIGNATURE Melanie A. Johnson Melanie A. Johnson Aug. 6, 1997

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DESHOTEL, JAMES H.			1.2 NAME	Piotrowski, Len		
STREET ADDRESS	1785 HARRISON STREET SUITE 112			1.3 STREET ADDRESS	3460 Oliver Ct., Mims, FL 32754		
CITY-ST-ZIP	TITUSVILLE FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LANGGLE, JANICE			2.2 NAME	Deshane, Julie		
STREET ADDRESS	1724 HARRISON #122			2.3 STREET ADDRESS	1785 Harrison St., #109		
CITY-ST-ZIP	TITUSVILLE FL 32780			2.4 CITY-ST-ZIP	Titusville, FL 32780		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROAD, T			3.2 NAME	Polk, Geraldine		
STREET ADDRESS	1685 HARRISON ST. #252			3.3 STREET ADDRESS	1705 Harrison St., #150		
CITY-ST-ZIP	TITUSVILLE FL 32780			3.4 CITY-ST-ZIP	Titusville, FL 32780		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUKE, PAULINE P.			4.2 NAME	Johnson, Melanie A.		
STREET ADDRESS	1215 HARRISON STREET SUITE 135			4.3 STREET ADDRESS	1685 Harrison St., #256		
CITY-ST-ZIP	TITUSVILLE FL			4.4 CITY-ST-ZIP	Titusville, FL 32780		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CUDAK, W			5.2 NAME	Minter, Anita		
STREET ADDRESS	1705 HARRISON ST. #149			5.3 STREET ADDRESS	1685 Harrison St., #254		
CITY-ST-ZIP	TITUSVILLE FL 32780			5.4 CITY-ST-ZIP	Titusville, FL 32780		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGGLE, JANICE			6.2 NAME			
STREET ADDRESS	1724 HARRISON STREET SUIVE 122			6.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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 M. B. SIGNATURE REQUIRED in Johnson 8/1/97 8/1/97

CR2E037 (4/97)