


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90183 040 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 766668**

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

|  |   |
|--|---|
| Principal Place of Business<br>% 1655 HARRISON STREET<br>TITUSVILLE FL 32780 | Mailing Address<br>P O BOX 3033<br>TITUSVILLE FL 32781-3033<br>US |
|--|---|

\* 1 114007 4 8 8 7 \*



|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>01/24/1983  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2350781  |
| City & State<br>23                   | City & State<br>28        | Applied For<br>Not Applicable  |
| Zip<br>24                            | Country<br>25             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                    |
| Country<br>29                        | Zip<br>30                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |

9. Name and Address of Current Registered Agent

**PIOTROWSKI, LEN**  
**3460 OLIVER COURT**  
**MIMS FL 32759**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input type="checkbox"/> DELETE            |
| NAME           | PIOTROWSKI, LEN        |  |
| STREET ADDRESS | 3460 OLIVER CT         |  |
| CITY-ST-ZIP    | MIMS FL                |  |
| TITLE          | VD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | SESHANE, JULIE         |  |
| STREET ADDRESS | 1785 HARRISON ST, #109 |  |
| CITY-ST-ZIP    | TITUSVILLE FL          |  |
| TITLE          | TD                     | <input type="checkbox"/> DELETE            |
| NAME           | POLK, GERALDINE        |  |
| STREET ADDRESS | 1705 HARRISON ST, #150 |  |
| CITY-ST-ZIP    | TITUSVILLE FL          |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                        |   |
|--------------------|------------------------|---|
| 1.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                        |   |
| 1.3 STREET ADDRESS |                        |   |
| 1.4 CITY-ST-ZIP    |                        |   |
| 2.1 TITLE          | VD                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Helen Pabis            |   |
| 2.3 STREET ADDRESS | 1715 HARRISON ST, #235 |   |
| 2.4 CITY-ST-ZIP    | TITUSVILLE FL 32780    |   |
| 3.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                        |   |
| 3.3 STREET ADDRESS |                        |   |
| 3.4 CITY-ST-ZIP    |                        |   |
| 4.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                        |   |
| 4.3 STREET ADDRESS |                        |   |
| 4.4 CITY-ST-ZIP    |                        |   |
| 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 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, with all other like empowered.

SIGNATURE: *Len Piotrowski* SIGNATURE REQUIRED *Piotrowski* 1-20-99 407-267-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)