

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766668

1. Entity Name

VILLAGE SQUARE OF TITUSVILLE, CONDOMINIUM ASSOCI

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90062 002 ****61.25

Principal Place of Business

Mailing Address

% 1655 HARRISON STREET
TITUSVILLE FL 32780

P O BOX 3033
TITUSVILLE FL 32781-3033
US

2. Principal Place of Business

3. Mailing Address

NONE
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2350781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIOTROWSKI, LEN
3460 OLIVER COURT
MIMS FL 32759

Name

DAVID E. MARK JR.

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

3615 DAIRY RD.

TITUSVILLE, FL. 32796

City

FL

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.

SIGNATURE

David E. Mark Jr.

DAVID E. MARK JR. PD

2-1-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | PIOTROWSKI, LEN | |
| STREET ADDRESS | 3460 OLIVER CT | |
| CITY-ST-ZIP | MIMS FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | PABIS, HELEN | |
| STREET ADDRESS | 1715 HARRISON ST. #235 | |
| CITY-ST-ZIP | TITUSVILLE FL 32790 | |
| TITLE | TD | <input checked="" 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVID E. MARK JR. | |
| STREET ADDRESS | 3615 DAIRY RD. | |
| CITY-ST-ZIP | TITUSVILLE, FL. 32796 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDA BECKWITH | |
| STREET ADDRESS | 1735 HARRISON ST. #130 | |
| CITY-ST-ZIP | TITUSVILLE, FL. 32780 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DORIS McDOWELL | |
| STREET ADDRESS | 1755 HARRISON ST. #129 | |
| CITY-ST-ZIP | TITUSVILLE, FL. 32780 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANITA MINTER | |
| STREET ADDRESS | 1685 HARRISON ST. #254 | |
| CITY-ST-ZIP | TITUSVILLE, FL. 32780 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUSSELL BECKWITH | |
| STREET ADDRESS | 1735 HARRISON ST. #130 | |
| CITY-ST-ZIP | TITUSVILLE, FL. 32780 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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:

David E. Mark Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. MARK JR

Date

Daytime Phone #

CR2E037 (9/99)