

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766668

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: VILLAGE SQUARE OF TITUSVILLE, CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 59-2350781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W  
2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIOTROWSKI, LEONARD  
Address: 135 MCNEELA DR  
City-St-Zip: TITUSVILLE, FL 32796

Title: VPD ( ) Delete  
Name: BOFFO, MATTHEW  
Address: 1725 HARRISON ST #222  
City-St-Zip: TITUSVILLE, FL 32780

Title: SD ( ) Delete  
Name: COOK, JEANNE  
Address: 1715 HARRISON ST #138  
City-St-Zip: TITUSVILLE, FL 32780

Title: TD ( ) Delete  
Name: LUTHER, JOYCE M  
Address: 1735 HARRISON DR #230  
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete  
Name: YATES, JAMES  
Address: 1795 HARRISON ST #125  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MILLER, JOANN  
Address: 1685 HARRISON ST #256  
City-St-Zip: TITUSVILLE, FL 32796

Title: VPD (X) Change ( ) Addition  
Name: SEELEY, DOUG  
Address: 1870 KNOX MCRAE B201  
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN MILLER

PD

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date