

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766668

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

1978 ROCKLEDGE BLVD
SUITE 106
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1978 ROCKLEDGE BLVD.
SUITE 106
ROCKLEDGE, FL 32955

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:

ADVANCED PROPERTY MANAGEMENT
1978 ROCKLEDGE BLVD.
SUITE 106
ROCKLEDGE, FL 32955 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: GUTHRIE, PAULETTE
Address: 1765 HARRISON STREET #104
City-St-Zip: TITUSVILLE, FL 32780

Title: TD () Delete
Name: SEELEY, DOUG
Address: 1745 HARRISON STREET #113
City-St-Zip: TITUSVILLE, FL 32780

Title: SD () Delete
Name: FREEMAN, SHARON
Address: 1978 ROCKLEDGE BLVD. # 106
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: BERLIN, DANIEL
Address: 1978 ROCKLEDGE BLVD. # 106
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: PETER, DEBBIE
Address: 1978 ROCKLEDGE BLVD. # 106
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: RIGERMAN, CAROLYN
Address: 1978 ROCKLEDGE BLVD. # 106
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify 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: VAN MOORE

Electronic Signature of Signing Officer or Director

RA

03/03/2009

Date