## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766668** 

FILED Jan 21, 2011 Secretary of State

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

Current Principal Place of Business:

**New Principal Place of Business:** 

1870 KNOX MCRAE DR. SUITE 201

TITUSVILLE, FL 32780

Current Mailing Address: New Mailing Address:

1870 KNOX MCRAE DR. P.O. BOX 15

SUITE 201 TITUSVILLE, FL 32781 TITUSVILLE, FL 32780

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

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HEMISPHERE ISLAND PROPERTIES MANAGEMENT 1870 KNOX MCRAE DR. SUITE 201 TITUSVILLE, FL 32780 US

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

 Name:
 GUTHRIE, PAULETTE

 Address:
 1595 DATE ST.

 City-St-Zip:
 TITUSVILLE, FL 32780

Title: TD

 Name:
 MCDOWELL, DORIS

 Address:
 1755 HARRISON ST. # 129

 City-St-Zip:
 TITUSVILLE, FL 32780

Title: SD

Name: RIGERMAN, CAROLYN
Address: 1725 HARRISON ST. #221
City-St-Zip: TITUSVILLE, FL 32780

Title:

Name: FOLEY, EVELYN

Address: 1715 HARRISON ST # 137 City-St-Zip: ROCKLEDGE, FL 32955

Title: VP

Name: GROE, VERNON

Address: 1795 HARRISON ST. # 214 City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS W. SEELEY LCAM 01/21/2011