

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766668

Entity Name: VILLAGE SQUARE OF TITUSVILLE, CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1685-1795 HARRISON ST.
TITUSVILLE, FL 32780**Current Mailing Address:**C/O CLOVER KEY INC
110 IMPERIAL STREET
MERRITT ISLAND, FL 32952 US**FEI Number:** 59-2350781**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VO, JENNIFER
CLOVER KEY, INC
110 IMPERIAL STREET
MERRITT ISLAND, FL 32952 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:** JENNIFER VO

02/02/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HUYCK, HOLLY
Address 1765 HARRISON STREET
 UNIT #202
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER, DIRECTOR
Name WARD, ANN
Address 1655 HARRISON ST.
 BOX 11
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name LAWSON, WANDA
Address 1685 HARRISON ST
 UNIT #255
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name FILLER, DENNIS
Address 1655 HARRISON
 BOX 11
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name LILLIAN, BROWN
Address 1725 HARRISON ST
 UNIT #255
City-State-Zip: TITUSVILLE FL 32780

Title VP
Name FRANCZYK, BERNARD
Address 1775 HARRISON STREET UNIT 20
City-State-Zip: TITUSVILLE FL 32780

Title SECRETARY
Name MAZZATTO, LISA
Address 1705 HARRISON STREET UNIT 149
City-State-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: HOLLY HUYCK

PRESIDENT

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date