2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# 756786

Entity Name: TITUSVILLAGE SECTION ONE PROTECTIVE ASSOCIATION, INC.

Current Principal Place of Business:

1974 DIPOL COURTWAY
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 563
TITUSVILLE, FL 327810563 US

New Mailing Address:

FEI Number: 59-2335818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULSBERG, BRIAN
1974 DIPOL COURTWAY
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

TAMBLYN, CYNTHIA
1907 DIPOL COURTWAY
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: CYNTHIA TAMBLYN 03/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ROBERTS, CHRISTINE	
Address:	1901 DIPOL COURTWAY	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	VD	( ) Delete
Name:	ANDERAU, JOY	
Address:	1908 DIPOL COURTWAY	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	PD	( ) Delete
Name:	TAMBLYN, CYNTHIA	
Address:	1907 DIPOL COURTWAY	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	TD	( ) Delete
Name:	EDGE, WILLIAM L	
Address:	1903 DIPOL COURT WAY	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	JOHNSON, NEIL	
Address:	1912 DIPOL COURTWAY	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	SD	( ) Delete
Name:	JOHNSON, SHANNON	
Address:	1912 DIPOL COURT WAY	
City-St-Zip:	TITUSVILLE, FL 32780	

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:	( ) 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 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: WILLIAM L EDGE TD 03/05/2009
Electronic Signature of Signing Officer or Director Date