

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90057 013 ****61.25

DOCUMENT # 768915

1. Entity Name
LA CITA TOWNS ASSOCIATION, INC.



Principal Place of Business
PO BOX 22
TITUSVILLE, FL 32781-0001 US

Mailing Address
PO BOX 22
TITUSVILLE, FL 32781-0001 US

50063219



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2469762

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEEPLES, JAMES W., III
505 NORTH ORLANDO AVENUE
COCOA BEACH, FL 32931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TAFT JOEL ☒ Delete
STREET ADDRESS 3725 SAWGRASS PR
CITY-ST-ZIP TITUSVILLE, FL 3

TITLE VTD
NAME FLEMING, WM ☒ Delete
STREET ADDRESS P.O BOX 22
CITY-ST-ZIP TITUSVILLE, FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME KINSELLA, ROSLYN
STREET ADDRESS 3763 SAWGRASS DR.
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE VTD ☒ Change ☐ Addition
NAME MAZZA, CHARLES
STREET ADDRESS 3749 SAWGRASS DR.
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE SEC. ☐ Change ☒ Addition
NAME CRANNEL, DORIS
STREET ADDRESS 3777 SAWGRASS DR
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE TRES. ☐ Change ☒ Addition
NAME HUNT, JANICE
STREET ADDRESS 3767 SAWGRASS DR
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROSLYN KINSELLA PD-8-19-05-321-264-9188



ATTACHMENT

50063219

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 19, 2005

LA CITA TOWNS ASSOCIATION, INC.
PO BOX 22
TITUSVILLE, FL 32781-0001 US

SUBJECT: LA CITA TOWNS ASSOCIATION, INC.
Ref. Number: 768915

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 705A00047207

**ATTACHMENT**
Division of Corporations

50063219

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Document Number

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Business Entity Name

LA CITA TOWNS ASSOCIATION, INC.

FEI Number

592469762

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

PO BOX 22

Suite, Apt. #, etc.

City, State

TITUSVILLE

, FL

Zip Code & Country

327810001 US

Mailing Address

Address

PO BOX 22

Suite, Apt. #, etc.

City, State

TITUSVILLE

, FL

Zip Code & Country

327810001 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Kinsella

, Roslyn

-or- RA Business Name

Address (PO Box is not acceptable)

3763 Sawgrass Dr.

Suite, Apt. #, etc.

City, State

Titusville, FL

, FL

Zip Code & Country

32780

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

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own RA.

Registered Agent Signature

Rosalyn Kinsella

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	PD
Name (Last, First, Middle, Title)	
-or- Entity Name	Roslyn Kinsella
Street Address	3763 SAWGRASS Dr.
City, State	TITUSVILLE, FL
Zip Code & Country	32780
Title	VPD
Name (Last, First, Middle, Title)	Mazza, Charles
-or- Entity Name	
Street Address	3749 Sawgrass Dr.
City, State	TITUSVILLE, FL
Zip Code & Country	32780
Title	SEC.
Name (Last, First, Middle, Title)	Crannel, Doris
-or- Entity Name	
Street Address	3777 Sawgrass Dr.
City, State	Titusville, FL
Zip Code & Country	32780
Title	TRES
Name (Last, First, Middle, Title)	Hunt, Janice
-or- Entity Name	
Street Address	3767 Sawgrass Dr.
City, State	Titusville, FL
Zip Code & Country	32780
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	

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Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Sec.
David B. Crumel

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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