

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90034 039 ****61.25

DOCUMENT # 770579

1. Entity Name
**TITUSVILLE SECTION TWO PROTECTIVE
ASSOCIATION, INC.**



Principal Place of Business
**1846 CASHEW CTWY.
TITUSVILLE, FL 32780 US**

Mailing Address
**1846 CASHEW CTWY.
TITUSVILLE, FL 32780 US**

b00006479



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

**HORVATH, CAROLYN SUE
1846 CASHEW CTWY.
TITUSVILLE, FL 32780**

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 May 1, 2006**

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 **DST** ☐ Delete
NAME **HORVATH, CAROLYN SUE**
STREET ADDRESS **1846 CASHEW CTWY.**
CITY-ST-ZIP **TITUSVILLE, FL**

TITLE **PP** ☐ Delete
NAME **BUSH, DAVID**
STREET ADDRESS **1912 CASHEW CT. WAY**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **DD** ☐ Delete
NAME **JORDAN, PAT**
STREET ADDRESS **1844 CASHEW COURT WAY**
CITY-ST-ZIP **TITUSVILLE, FL**

TITLE **DD** ☐ Delete
NAME **RENNIE, NANCY**
STREET ADDRESS **1913 CASHEW CT WAY**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **DD** ☒ Delete
NAME **LEIDER, SANDY**
STREET ADDRESS **1866 CASHEW COURT WAY**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **T** ☐ Delete
NAME **DAVIS, JOHN**
STREET ADDRESS **1862 CASHEW COURT WAY**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Gail Hickman DD** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1840 Cashew Court Way**
CITY-ST-ZIP **Titusville FL 32780**

TITLE **JoAnn Rios D.D.** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1866 Cashew Court Way**
CITY-ST-ZIP **Titusville FL 32780**

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:

Carolyn Sue Horvath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06

321264-1581

Date

Daytime Phone #