2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 770579

Entity Name: TITUSVILLAGE SECTION TWO PROTECTIVE ASSOCIATION, INC.

Current Principal Place of Business:

1846 CASHEW CTWY.
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

1846 CASHEW CTWY.
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: VD ( ) Delete
Name: BUSH, DAVID
Address: 1912 CASHEW CT WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: PD ( ) Delete
Name: GORDON, BOB
Address: 1900 CASHEW CT WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: DD ( ) Delete
Name: JORDAN, PAT
Address: 1844 CASHEW COURT WAY
City-St-Zip: TITUSVILLE, FL

Title: DD ( ) Delete
Name: HICKMAN, GAIL
Address: 1866 CASHEW COURT WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: T ( ) Delete
Name: DAVIS, JOHN
Address: 1862 CASHEW COURT WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DD ( ) Change (X) Addition
Name: CURTIS, DEBRA
Address: 1907 CASHEW COURT WAY
City-St-Zip: TITUSVILLE, FL 32780

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: CAROLYN SUE HORVATH S/T 01/30/2009
Electronic Signature of Signing Officer or Director — Date