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PROFIT CORPORATION ANNUAL REPORT



FLOR-DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

G68064

(6)

HARBOR TOWNE OF TITUSVILLE, INC.

Principal Place of Business

25

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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g. Name and Address of Current Registered Agent

11 E. MAX BEWER PKWY TITUSVILLE FL 32796

2. Principal Place of Business

POE, EDWARD M.

TITUSVILLE FL 32796

11 E. MAX BREWER PKWY

Suite, Apt. #, etc.

City & State

21

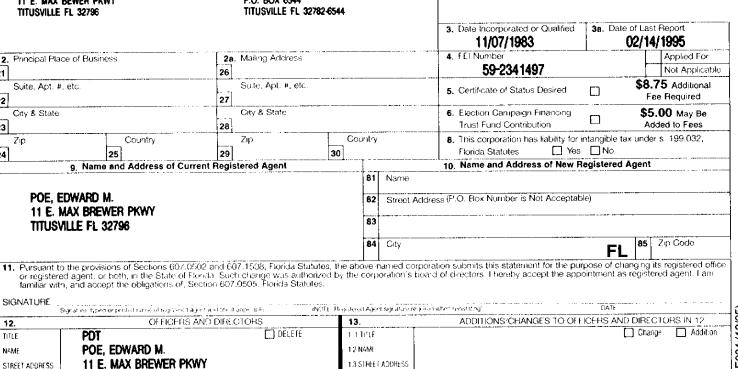
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Zip

P.O. BOX 6544 TITUSVILLE FL 32782-6544



SIGNATURE dNOTE. Registered Agent signature relicines when renstating? Signature, typed or printed name of registers tragent and stell disciplinately ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1 1 11'LE TITLE POE, EDWARD M. 1.2 NAME 11 E. MAX BREWER PKWY STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL 32796 1 4 CH Y - ST - 7P CITY - ST - ZIP DELETE Change Addition 2 1 TITLE TITLE MURPHY, MARY P. 2.2 NAME NAME 12082 S.E. PRESTWICK TR. 2.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33469 24 CITY ST ZIF CITY - ST - ZIP Change ☐ Addition [] DELETE TITLE 3 1 TITLE NAME PARRISH, BETTY P. 3.2 NAME 909 INDIAN RIVER AVE. 3.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 3.4 CITY - ST. ZIP CITY-ST-ZIP Change ☐ Addit₁on DELETE 4 1 Title TOLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(1) Y - ST - Z(P) CiTY+ST-ZiP Change ☐ Addition DELETE 5 1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 Cif Y - S1 - 7 P CITY - ST - ZIP DELETE Change Addition 6 1 THLE TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CiTY - ST - ZIP CITY-ST 2IF 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Flor-da Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 recover or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Country

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84 City

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with an addre

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 Date

(12/95)CR2E034