2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N00000003761

Entity Name: TITUSVILLE SECTION NINE PROTECTIVE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 731
TITUSVILLE, FL 32781

New Principal Place of Business:

1665 JAMES CIR
TITUSVILLE, FL 32780

Current Mailing Address:

P.O. BOX 731
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: 59-3648578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELICE, TONY
1665 JAMES CIRCLE
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: LINDSEY, REBECCA
Address: 1690 JAMES CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

Title: PD ( ) Delete
Name: FELICE, TONY
Address: 1665 JAMES CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

Title: SD ( ) Delete
Name: WHITTAKER, KAY
Address: 1635 JAMES CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

Title: TD ( ) Delete
Name: HARNER, GARY
Address: 1885 JAMES CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: SCULLY, MARY
Address: 1865 JAMES CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LINDSEY, REBECCA
Address: 1690 JAMES CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

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: VD (X) Change ( ) Addition
Name: MATRONI, CHARLES
Address: 1680 JAMES CIRCLE
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: TONY FELICE PD 01/09/2009
Electronic Signature of Signing Officer or Director — Date