

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03367

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



Principal Place of Business
**1820 FIGTREE DRIVE
TITUSVILLE, FL 32780 US**

Mailing Address
**1820 FIGTREE DRIVE
TITUSVILLE, FL 32780 US**



02172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2672119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, CHERYL
1820 FIGTREE DRIVE
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000837147
03/04/08-80045-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CERDA, MARIA 1720 FIGTREE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOHNSON, CHERYL 1820 FIGTREE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HARNESS, AUDREY 1724 FIGTREE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE:

Cheryl Johnson, Treasurer, 2/17/08 321.431.4874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #