

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03367

FILED
Feb 04, 2009
Secretary of State

Entity Name: TITUSVILLE SECTION THREE PROTECTIVE ASSOCIATION, INC.

Current Principal Place of Business:

1820 FIGTREE DRIVE
TITUSVILLE, FL 32780 US

New Principal Place of Business:

1764 FIG TREE DRIVE
TITUSVILLE, FL 32780 US

Current Mailing Address:

1820 FIGTREE DRIVE
TITUSVILLE, FL 32780 US

New Mailing Address:

1764 FIG TREE DRIVE
TITUSVILLE, FL 32780 US

FEI Number: 59-2672119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CHERYL
1820 FIGTREE DRIVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

JOYNT, JULIE
1764 FIGTREE DRIVE
TITUSVILLE, FL 32780 US

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: JULIE JOYNT

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: JOHNSON, CHERYL
Address: 1820 FIGTREE DR
City-St-Zip: TITUSVILLE, FL 32780 US

Title: DS () Delete
Name: HARNESS, AUDREY
Address: 1724 FIGTREE DR
City-St-Zip: TITUSVILLE, FL 32780 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: JOYNT, JULIE
Address: 1764 FIG TREE DRIEV
City-St-Zip: TITUSVILLE, FL 32780 US

Title: DP (X) Change () Addition
Name: MEYERS, JAMES
Address: 1760 FIG TREE DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: DS () Change (X) Addition
Name: MEYERS, PAMELA
Address: 1760 FIGTREE DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

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: JULIE JOYNT

DT

02/04/2009

Electronic Signature of Signing Officer or Director

Date