

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90021 027 ****70.00

DOCUMENT # N16839 1. Entity Name THE COUNTRY PLACE OF TITUSVILLE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % LOUISE COX 3620 OAK TREE LN TITUSVILLE FL 32780 US		Mailing Address % LOUISE COX 3620 OAK TREE LN TITUSVILLE FL 32780 - US	
2. Principal Place of Business <i>90 Sue Gaslin</i> Suite, Apt. #, etc. <i>3620 OAK Tree LN</i> City & State <i>Titusville, FL</i> Zip <i>32780</i>		3. Mailing Address <i>90 Sue Gaslin</i> Suite, Apt. #, etc. <i>3620 OAK Tree LN</i> City & State <i>Titusville, FL</i> Zip <i>32780</i>	
4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BROWN, JACQUELINE 3630 OAKTREE LANE TITUSVILLE FL 32780	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		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 <i>Jacqueline O. Brown</i> <i>Jacqueline O. Brown</i> <i>6/17/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, JACQUELINE 3630 OAK TREE LANE TITUSVILLE FL	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, GEORGIA 3650 OAK TREE LANE TITUSVILLE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIPPETT, MARY JO 100 S KNOX MCRAE # 203 TITUSVILLE FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COX, LOUISE 3620 OAK TREE LANE TITUSVILLE FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIPPETT, MARY JO 1248 ADMIRALTY BLVD ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Gaslin, Sue 3620 OAK Tree Lane Titusville, FL 32780	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Georgia M. Smith</i> <i>Georgia M. Smith</i> <i>6-17-05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



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