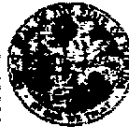


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N16839	
1. Entity Name THE COUNTRY PLACE OF TITUSVILLE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business % SUE GASLIN 3620 OAK TREE LN TITUSVILLE, FL 32780 US	Mailing Address % SUE GASLIN 3620 OAK TREE LN TITUSVILLE, FL 32780 US
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02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, JACQUELINE 3830 OAKTREE LANE TITUSVILLE, FL 32780
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**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 _____ (NOTE: Registered Agent signature required when rotating) **DATE** _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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02/14/06-80035-014 61 2

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JACQUELINE 3830 OAK TREE LANE TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, GEORGIA 3650 OAK TREE LANE TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASLIN, SUE 3620 OAK TREE LANE 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: Sue S. Gaslin Sue S. Gaslin **2-6-06** **(321) 383-0841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #