## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 14, 2006 8:00 am Secretary of State DOCUMENT # N19470 04-14-2006 90149 044 \*\*\*\*61.25 1. Entity Name LA CITA TOWNS - VILLAGE THREE ASSOCIATION, Principal Place of Business Mailing Address P O BOX 5236 TITUSVILLE FL 32783 P O BOX 5236 TITUSVILLE FL 32783 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3051902 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINTHICUM, BECKY. Street Address (P.O. Box Number is Not Acceptable) 3683 OAKHILL DR TITUSVILLE FL 32780 Zip Code 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 reinstalling) FILE NOW: FEE IS \$61.25 E NOW: FEE 15 301.20 Due By May 1, 2006 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TITLE ☐ Delete TITLE Change Change ☐ Addition Stallone, Pat 3667 Oak hill Dr. Titus willo FL HEADLOUGH, JOAN NAME NAME 3687 OAKHILL DR STREET ADDRESS STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition LINTHICUIN, BECKY NAME NAME STREET ADDRESS 3683 OAKHILL DR STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP Change HILL - -- III Delete TITLE Addition RADCLIFF, JOESEPH NAME NAME STREET ADDRESS 3689 OAKHILL DR STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete Addition TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

STREET ADDRESS CITY-ST-ZIP

athicum

NAME

STREET ADDRESS

4/12/06 (321) 264-0977

**FILED**