2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N10470

STREET ADDRESS

CHY-ST-ZIP

FILED Apr 12, 2007 8:00 am Secretary of State 04-12-2007 90043 005 ****61.25

1. Entity Nam	TOWNS - VILLAGE THRE	E ASSOCIATION,	INC.			* *. *			
Principal Place of Business P 0 B0X 5236 TITUSVILLE, FL 32783		Mailing Address P O BOX 5236 TITUSVILLE, FL 32			400	- -	(1 618 /4 8 /8)/ 8/8 /) 8/8	 	(11 11) o : 100!
2. Principal Place of Business - No P.O. Box#		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172007 Ch	g-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-3051902	2			plied For Applicable
Zip	Country	Zip	Country	- 1	5. Certificate of Sta	itus Desired		75 Add Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and Addr	ess of New I	Registered Ager	nt	
LINTHICH	M.;BECKY.		Na:	ıme					
3683 OAK	T		Stre	eet Address	(P.O. Box Number is N	lot Acceptabl	e)		
	121,12								
			City	у			FL	Zip Code	e
8. The above	named entity submits this statement	for the purpose of changin	g its registered offi	ice or registe	red agent, or both, in t	he State of F	orida. I jem fami	iar with,	and accept
the obligat	ions of registered agent.								
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SIGNATURE .		nt and title if applicable	NOTE Registered Agent	signalure require	d when reinstating)				
SIGNATURE .	Signature typed or printed name of registered ager	nt and title if applicable	NOTE Registered Agent	t signature require	d when reinstating)	······································	DATE		
SIGNATURE .		9. Election	NOTE Registered Agent Campaign Finance nd Contribution.		\$5.00 May Be Added to Fees				
SIGNATURE .	Signature typed or printed name of registered ager Filling Fee is \$61.25	9. Election Trust Fu	Campaign Financ	cing	\$5.00 May Be	Flo	fake check partine	nt of St	ate
3	Signature typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	9. Election Trust Fu	Campaign Financ	cing	\$5.00 May Be Added to Fees	Flo	Make check parida Departme	nt of St	ate
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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 it 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Backy Linethicum	4/9/07	(321) 264-0971
SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #