

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90129 037 \*\*\*\*70.00

**DOCUMENT # N20551**

1. Entity Name  
GARDEN SQUARE ASSOCIATION, INC.



Principal Place of Business  
MCNEELA DR  
TITUSVILLE, FL 32796 US

Mailing Address  
P.O. BOX 2396  
TITUSVILLE, FL 32781 US

**50006238**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-2862890

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERRING, JOHN F.  
3345 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☒ Delete  
NAME ASBELL, HENRY  
STREET ADDRESS 101 MCNEELA DR  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE VP ☐ Delete  
NAME KENT, PAUL  
STREET ADDRESS 105 MCNEELA DR  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE STD ☐ Delete  
NAME CRAWFORD, FRANKIE  
STREET ADDRESS 136 MCNEELA DR  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE T ☐ Delete  
NAME CRAWFORD, FRANKIE  
STREET ADDRESS 136 MCNEELA DR  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☒ Addition  
NAME Geer, Michael  
STREET ADDRESS 114 McNeela, DR  
CITY-ST-ZIP Titusville, FL 32796

TITLE UP ☒ Change ☒ Addition  
NAME BOYLE, Cathy  
STREET ADDRESS 139 McNeela Dr.  
CITY-ST-ZIP Titusville, FL 32796

TITLE SD ☒ Change ☒ Addition  
NAME Blum, Nedra  
STREET ADDRESS 123 McNeela Dr.  
CITY-ST-ZIP Titusville, FL 32796

TITLE TD ☒ Change ☒ Addition  
NAME Tinsley, Patricia  
STREET ADDRESS 128 McNeela Dr.  
CITY-ST-ZIP Titusville, FL 32796

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Patricia Tinsley Patricia Tinsley 3-24-06 321-268-2065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **3114**