

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

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

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HERRING, JOHN F. 3345 S. WASHINGTON AVENUE TITUSVILLE, FL 32780				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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ASBELL, HENRY 101 MCNEELA DR TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Geer, Michael 114 McNeela, DR Titusville, FL 32796	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KENT, PAUL 105 MCNEELA DR TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Boyle, Cathy 139 McNeela Dr. Titusville, FL 32796	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CRAWFORD, FRANKIE 136 MCNEELA DR TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Blum, Nedra 123 McNeela Dr. Titusville, FL 32796	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CRAWFORD, FRANKIE 136 MCNEELA DR TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Tinsley, Patricia 128 McNeela Dr. Titusville, FL 32796	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Patricia Tinsley</u> Patricia Tinsley 3-24-06 321-268-2065					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 314					

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4. FEI Number 59-2862890 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required