

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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



01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BOYLE, CATHY
STREET ADDRESS	139 MCNEELA DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	VP
NAME	KENT, KATHY
STREET ADDRESS	105 MCNEELA DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	SD
NAME	BLUM, NEDRA
STREET ADDRESS	123 MCNEELA DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	TD
NAME	TINSLEY, PATRICIA
STREET ADDRESS	128 MCNEELA DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/08-80023-005 70.00

**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:

Patricia Tinsley Patricia Tinsley

1-18-08

321-403-3253

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #