2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 8:00 am Secretary of State

| 1. Entity Nam | MENT # N28928 HOMEOWNERS ASSOCIA | ATION, INC. | | | | | 90048 020 | | .25 |
|---|--|--|---|--|---|---------------|---|--|---|
| Principal Place of Business Mailing Addr 3547 S WASHINGTON AVE P 0 B0X 10 TITUSVILLE, FL 32780-5613 US TITUSVILLE | | | | | 50004 675 | | | | |
| 2. Principal Pl | tace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01052005 Ct | ng-NP | CR2E037 | ' (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-266304 | 0 | | | plied For t Applicable | |
| Zip | Country | Zip | | intry | 5. Certificate of Sta | atus Desired | | 8.75 Add | litional |
| - | 6. Name and Address of Current | Registered Agent | | | 7. Name and Add | ress of New f | Registered Ag | gent | |
| | | | | Name | | | | | |
| ABBOTT, ANGELA 4420 S. WASHINGTON AVE TITUSVILLE, FL 32780 | | | | Street Addres | ss (P.O. Box Number is 1 | Not Acceptabl | (e) | | |
| | | | | City | | | FL | Zip Code | 9 |
| the obligati | named entity submits this statement for the control of registered agent. | A | | - | · | | 1/18/ | | |
| SIGNATURE . | Signature, typed or printed name of registered agen | t and title if applicable. (NO | TE: Registere | d Agent signature requ | uired when reinstating) | | DATE | ~ 7 | |
| | Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 | t and title if applicable. (NO 9. Election Ca Trust Fund | | | wired when reinstating) | | DATE Make check rida Departr | payable to | |
| | Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D | 9. Election Ca Trust Fund | | | .∵+ \$5.00 ,May Be ∜ - | Flo | DATE Make check rida Departr | payable to nent of St | ate |
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.