

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90039 042 ****61.25

DOCUMENT # N96000002158

1. Entity Name

HARRISON TERRACE (TITUSVILLE) HOMEOWNER'S ASSOCI

Principal Place of Business

**1003 HARRISON ST
TITUSVILLE FL 32780
US**

Mailing Address

**1003 HARRISON ST
TITUSVILLE FL 32780
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3400838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEEMS, JOHNNY W
977 HARRISON ST
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name **HLINKA, MARGARET**

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

1041 HARRISON Street

City **Titusville**

FL

Zip Code **32780**

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.

SIGNATURE *Margaret Hlinka*, President

(NOTE: Registered Agent signature required when reinstating)

DATE **2/17/2001**

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEEMS, JOHNNY W 977 HARRISON ST TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALSH, PETER 975 HARRISON ST TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOWERY, JENE 999 HARRISON ST TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIFFO, GINNIE 1034 HARRISON ST TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SYPIEN, PAUL 1001 HARRISON ST. TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOWERY, JENE 999 HARRISON ST. TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	HLINKA, MARGE, Pres./D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	941 HARRISON St. Titusville, FLA 32780	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE Pres./D CAROL CONKLING, CAROL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1001 HARRISON St Titusville, FL 32780	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer/D MOWERY, JENE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	999 HARRISON St. Titusville, FL 32780	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/D LeLuiga, TAMI	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1021 HARRISON St. Titusville, FL 32780	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director TATE, TRACY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1061 Harrison Titusville, FL 32780	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HLINKA, JOHN Direct./D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HLINKA, JOHN 1041 HARRISON St Titusville, FL 32780	

12. 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.

SIGNATURE:

Jene Mowery, Treasurer

DATE **3-30-2001** 321-269-4016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)