

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90043 033 ****61.25

DOCUMENT # N96000002158

1. Entity Name

HARRISON TERRACE (TITUSVILLE) HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1003 HARRISON ST
TITUSVILLE FL 32780
US**

**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

7. Name and Address of New Registered Agent

**HLINKA, MARGARET
1041 HARRISON ST
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.

SIGNATURE **MARGARET HLINKA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/02

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HLINKA, MARGE**
STREET ADDRESS **941 HARRISON ST**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☒ Change ☐ Addition
NAME **1041 HARRISON Street**
STREET ADDRESS **Titusville, FLA 32780**
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **CONKLING, CAROL**
STREET ADDRESS **1001 HARRISON ST**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **TD** ☐ Delete
NAME **MOWERY, JENE**
STREET ADDRESS **999 HARRISON ST**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **SD** ☒ Delete
NAME **LELUIGA, TAMI**
STREET ADDRESS **1021 HARRISON ST**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **SD Virginia Griffio** ☒ Change ☒ Addition
NAME **1039 HARRISON St.**
STREET ADDRESS **Titusville, FLA 32780**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **TATE, TRACY**
STREET ADDRESS **1061 HARRISON**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **Director** ☒ Change ☒ Addition
NAME **ETTA MADEMANN**
STREET ADDRESS **997 HARRISON ST**
CITY-ST-ZIP **Titusville, FLA 32780**

TITLE **D** ☒ Delete
NAME **HLINKA, JOHN**
STREET ADDRESS **1041 HARRISON ST**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **Director** ☐ Change ☒ Addition
NAME **WILDA DILLARD**
STREET ADDRESS **1037 HARRISON ST**
CITY-ST-ZIP **Titusville, FLA 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: **MARGARET HLINKA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

Daytime Phone #

CR2E037 (9/01)