

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N96000002158

1. Entity Name

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



**FILED
Mar 22, 2004 8:00 am
Secretary of State**

03-22-2004 90034 006 ****61.25

54020704



MOORE CR2E037 (11/03)

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

6. Name and Address of Current Registered Agent

GONKLING, CAROL
1001 HARRISON ST.
TITUSVILLE FL 32780

Name

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

City

HLINKA, MARGE

1041 HARRISON St.

Titusville FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Margaret Hlinka

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

(NOTE: Registered Agent signature required when reinstating)

DATE

16 March 2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$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 D
NAME HLINKA, MARGE
STREET ADDRESS 1041 HARRISON STREET
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE PD
NAME CONKLING, CAROL
STREET ADDRESS 1001 HARRISON ST
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D
NAME GRIFFO, VIRGINIA
STREET ADDRESS 1039 HARRISON STREET
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D
NAME MADEMANN, ETTA
STREET ADDRESS 997 HARRISON STREET
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D
NAME FRANK, GRIFFO
STREET ADDRESS 1039 HARRISON ST.
CITY-ST-ZIP 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: MARGE HLINKA Margaret Hlinka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-383-0526

Date

Daytime Phone #