

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # N96000002158

1. Entity Name
**HARRISON TERRACE (TITUSVILLE) HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**1003 HARRISON ST
TITUSVILLE, FL 32780 US**

Mailing Address
**1003 HARRISON ST
TITUSVILLE, FL 32780 US**



04102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3400838

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HLINKA, MARGE
1041 HARRISON ST.
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 Margaret Hlinka President 4/14/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HLINKA, MARGE
STREET ADDRESS	1041 HARRISON STREET
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	VP
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	S
NAME	GOMES, SHARON
STREET ADDRESS	1021 HARRISON STREET
CITY-ST-ZIP	TITUSVILLE, FL 32780

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04/19/05-80076-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

Date

Daytime Phone #

15 April 2005-321-269-4012