

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90154 005 ****61.25

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

2. Principal Place of Business

SAME as above

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

**HLINKA, MARGE
1041 HARRISON ST.
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

CAROL CONKLING

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

1001 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HLINKA, MARGE	
STREET ADDRESS	1041 HARRISON STREET	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONKLING, CAROL	
STREET ADDRESS	1001 HARRISON ST	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOWERY, JENE	
STREET ADDRESS	999 HARRISON ST	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFO, VIRGINIA	
STREET ADDRESS	1039 HARRISON STREET	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADEMANN, ETTA	
STREET ADDRESS	997 HARRISON STREET	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOMES, SHARON	
STREET ADDRESS	1021 HARRISON STREET	
CITY - ST - ZIP	TITUSVILLE FL 32780	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>DVP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGE HLINKA	
STREET ADDRESS	1041 Harrison St	
CITY - ST - ZIP	Titusville, FL 32780	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL CONKLING	
STREET ADDRESS	1001 Harrison St	
CITY - ST - ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA Rooker	
STREET ADDRESS	975 HARRISON St	
CITY - ST - ZIP	Titusville, Florida 32780	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINA Beaulieu	
STREET ADDRESS	1019 HARRISON Street	
CITY - ST - ZIP	Titusville, Florida 32780	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Carol Conkling, President 4/13/06 321-264-4765*