# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2009**
**Secretary of State**

DOCUMENT# N96000002158

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

**Current Principal Place of Business:**

1003 HARRISON ST
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

1003 HARRISON ST
TITUSVILLE, FL 32780 US

**New Mailing Address:**

**FEI Number: 59-3400838** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUNKA, MARGE
1041 HARRISON ST.
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

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

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: MARGE HLINKA 04/20/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HLINKA, MARGE
Address: 1041 HARRISON ST.
City-St-Zip: TITUSVILLE, FL 32780

Title: TD ( ) Delete
Name: MOWERY, JENE
Address: 999 HARRISON ST
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: GRIFFO, VIRGINIA
Address: 1039 HARRISON STREET
City-St-Zip: TITUSVILLE, FL 32780

Title: VP ( ) Delete
Name: GRIFFO, VIRGINIA
Address: 1039 HARRISON ST
City-St-Zip: TITUSVILLE, FL 32780

Title: D (X) Delete
Name: CONKING, CAROL
Address: 1001 HARRISON
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: GRIFFO, VIRGINIA
Address: 1039 HARRISON STREET
City-St-Zip: TITUSVILLE, FL 32780

Title: D (X) Change ( ) Addition
Name: CONKLING, CAROL
Address: 1001 HARRISON ST
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGE HLINKA PRES 04/20/2009
Electronic Signature of Signing Officer or Director Date