2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002158

1. Entity Name

HARRISON TERRACE (TITUSVILLE) HOMEOWNER'S ASSOCI



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90205 046 ****61.25

FILED

	IC.							
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.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 50	9-3400838	<u> </u>	plied For t Applicable
Zip	Country	Zip Co.		try	5. Certificate of St	atus Desired	\$8.75 Add	litional
	6. Name and Address of Current	t Registered Agent		··· · · · ·	7. Name and Add	ress of New Register	ed Agent	
-	and the second s			Name A	001= C-0	NKLING	. –	
HLINKA,	MARGARET		Street Address		(P.Q. Box Numbaris Not Acceptable)			
1041 HA	rrison st			<u> </u>	H H T	<u> 27750 N</u>	24	
TITUSVIL	LE FL 32780					~ 3		
			-	City -	1 1 1		Zio Code	202
				1170	usui Ll		FL 3つつ	080
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered	office or register	ed agent, or both, in	the State of Florida. I a	am familiar with,	and accept
ri le opiiQá	tions of registered agent.	1 - 1 - 1					. 3	
OLONIATURE.	carec	Mully				49/0	99	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered A	gent signature required	when reinstating)	DAT	E	
	<u>`</u> <u>`</u>	<i>\</i>	•					
	- I - NOW I - I - O - O - O - O - O - O - O -	9. Election Cam	paign Fina	ancina	\$5.00 May Be	Make Ch	eck Payable	to
	FILE NOW: FEE IS \$61.25	Trust Fund Co		· -	Added to Fees		artment of S	
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10.	OFFICERS AND DI	RECTORS	11.	1		ES TO OFFICERS AND		10
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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.

CITY-ST-ZIP

SIGNATURE:

TITUSVILLE FL 32780

32780

Titusville, FL