

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005942

1. Entity Name

GARDEN HEIGHTS HOMEOWNERS ASSOCIATION OF TITUSVILLE, INC.

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90054 049 *****61.25

0067794

Principal Place of Business Mailing Address
1716 S EDEN CIRCLE 1716 S EDEN CIRCLE
TITUSVILLE FL 32796 TITUSVILLE FL 32796

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State *Same* City & State *Same*
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3616899 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
UDO, RICK
1716 S EDEN CIRCLE
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Same
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P UDO, RICK 1216 S. EDEN CIRCLE TITUSVILLE FL 32796 ☐ Delete
VP BRADFORD, JOHN 1624 N. EDEN CIR TITUSVILLE FL 32796 ☐ Delete
S SNILLERS, AMY 1607 EDEN CT TITUSVILLE FL 32796 ☐ Delete
T DEYOUNG, RUSS 1706 H. EDEN CIR TITUSVILLE FL 32796 ☐ Delete
T WILLIAMS, HOSEA 1785 S. EDEN CIR TITUSVILLE FL 32796 ☐ Delete
T GOODCHILD, BOB 1603 EDEN CT TITUSVILLE FL 32796 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: *Russell B DeYoung* 3-20-02 321-268-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)