


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90045 045 \*\*\*\*70.00

<b>DOCUMENT # N99000005942</b>	
<b>1. Entity Name</b>	
<b>GARDEN HEIGHTS HOMEOWNERS ASSOCIATION OF TITUSVILLE, INC.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>1716 S EDEN CIRCLE TITUSVILLE FL 32796</b>	<b>1716 S EDEN CIRCLE TITUSVILLE FL 32796</b>

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b>		<b>59-3616899</b>		<b>Applied For</b>	
				<b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>UDO, RICK 1716 S EDEN CIRCLE TITUSVILLE FL 32796</b>			<b>Name</b>		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
			<b>City</b>		
			<b>FL</b>		
			<b>Zip Code</b>		

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	<b>UDO, RICK</b>		<b>STREET ADDRESS</b>				
<b>CITY-ST-ZIP</b>	<b>1216 S. EDEN CIRCLE TITUSVILLE FL 32796</b>		<b>CITY-ST-ZIP</b>				
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	<b>VP BRADFORD, JOHN</b>		<b>STREET ADDRESS</b>				
<b>CITY-ST-ZIP</b>	<b>1624 N. EDEN CIR TITUSVILLE FL 32796</b>		<b>CITY-ST-ZIP</b>				
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	<b>S SNILLERS, AMY</b>		<b>STREET ADDRESS</b>	<b>SECRETARY STEVE DICENSO</b>			
<b>CITY-ST-ZIP</b>	<b>1607 EDEN CT TITUSVILLE FL 32796</b>		<b>CITY-ST-ZIP</b>	<b>1614 N. EDEN CIR TITUSVILLE, FL. 32796</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	<b>T DEYOUNG, RUSS</b>		<b>STREET ADDRESS</b>	<b>ACTING TREASURER UDO, RICK</b>			
<b>CITY-ST-ZIP</b>	<b>1706 H. EDEN CIR TITUSVILLE FL 32796</b>		<b>CITY-ST-ZIP</b>	<b>1716 S. EDEN CIR TITUSVILLE, FL. 32796</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	<b>WILLIAMS, HOSEA</b>		<b>STREET ADDRESS</b>				
<b>CITY-ST-ZIP</b>	<b>1785 S. EDEN CIR TITUSVILLE FL 32796</b>		<b>CITY-ST-ZIP</b>				
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	<b>GOODCHILD, BOB</b>		<b>STREET ADDRESS</b>				
<b>CITY-ST-ZIP</b>	<b>1603 EDEN CT TITUSVILLE FL 32796</b>		<b>CITY-ST-ZIP</b>				

**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:** Rick Udo RICK UDO 30 MAR 05 321-264-0687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #