

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90003 039 ****70.00

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07022006 Chg-NP CR2E037 (4/06)

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|--|--|---|---|--|--|
| DOCUMENT # N99000005942 1. Entity Name GARDEN HEIGHTS HOMEOWNERS ASSOCIATION OF TITUSVILLE, INC. | | | | | |
| Principal Place of Business 1716 S EDEN CIRCLE TITUSVILLE, FL 32796 | | | Mailing Address 1716 S EDEN CIRCLE TITUSVILLE, FL 32796 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3616899 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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) City | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P UDO, RICK 1216 S. EDEN CIRCLE TITUSVILLE, FL 32796 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRADFORD, JOHN 1624 N. EDEN CIR TITUSVILLE, FL 32796 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DICENSO, STEVE 1614 N EDEN CIR TITUSVILLE, FL 32796 | | <input checked="" type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT UDO, RICK 1716 S EDEN CIR TITUSVILLE, FL 32796 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILLIAMS, HOSEA 1785 S. EDEN CIR TITUSVILLE, FL 32796 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GOODCHILD, BOB 1603 EDEN CT TITUSVILLE, FL 32796 | | <input type="checkbox"/> Delete | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| SIGNATURE: <i>Rick Udo</i> RICK UDO | | | Date: 7-3-06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone #: (321) 264-0687 | | |