

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706628

1. Entity Name

520 ASSOCIATION INC

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90095 016 ****61.25

Principal Place of Business

% PHIL CITTADINO MANAGEMENT, INC
14000 MILITARY TRAIL, SUITE 204-C
DELRAY BEACH FL 33484
US

Mailing Address

% PHIL CITTADINO MANAGEMENT, INC
14000 MILITARY TRAIL, SUITE 204-C
DELRAY BEACH FL 33484-2610
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1094783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EARNHART, GRAIG D
70 S.E. 4TH AVENUE
DELRAY BCH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **GYWNN, JAMES A.**
STREET ADDRESS **70 SE 4 AVE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **PD** ☐ Change ☒ Addition
NAME **KENNEMER, HOPKINS JR**
STREET ADDRESS **70 S.E. 4TH AVENUE**
CITY-ST-ZIP **DELRAY BEACH, FLORIDA 33483**

TITLE **D** ☒ Delete
NAME **SMITH, ANNIE MARIE**
STREET ADDRESS **520 NE 7 AVE**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **EARNHARDT, CRAIG**
STREET ADDRESS **70 S.E. 4TH AVENUE**
CITY-ST-ZIP **DELRAY BEACH, FLORIDA 33483**

TITLE **STD** ☒ Delete
NAME **EARNHART, MARY**
STREET ADDRESS **70 SE 4 AVE**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE **TRS** ☒ Change ☐ Addition
NAME **TOIVANEN, TULA**
STREET ADDRESS **520 N.E. 7TH AVENUE, 2-D**
CITY-ST-ZIP **DELRAY BEACH, FLORIDA 33483**

TITLE **PD** ☐ Delete
NAME **EARNHART, CRAIG**
STREET ADDRESS **70 SOUTHEAST 4TH AVE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TOIVANEN, TULA**
STREET ADDRESS **520 NE 7TH AVENUE 2-D**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: 501496-3223 R TULA TOIVANEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)