

FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19200 (7)

1. Corporation Name
MAIN MALL ASSOCIATION, INC.



Principal Place of Business 3487 CLARK ROAD SARASOTA FL 34231 US	Mailing Address P.O. BOX 17185 SARASOTA FL 34276-7185
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3. Date Incorporated or Qualified 02/11/1987	
4. FEI Number 59-2636250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**EVERS, BARBARA A
3487 CLARK ROAD
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Barbara A Evers* *Barbara A. Evers* **4/15/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LEVY, RICHARD
STREET ADDRESS	1850 MAIN STREET
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FAMIGLIO, GEORGE
STREET ADDRESS	1834 MAIN ST.
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COMPARATO, LOUIS
STREET ADDRESS	1838 MAIN STREET
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CONFORTI, SYLVIA
STREET ADDRESS	1852 MAIN STREET
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LOVINGOOD, JOAN
STREET ADDRESS	4560 COOPER RD.
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* *[Signature]* *[Signature]*

CR2E037 (10/97)