FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N19200 1. Corporation Name

MAIN MALL ASSOCIATION, INC.

Principal Place of Busin
3487 CLARK ROAD
SARASOTA FL 34231
110

Mailing Address

P.O. BOX 17185

SARASOTA FL 34276-7185

FILED May 10, 1999 8:00 am § Secretary of State

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us					()EEI)(O(MO) (CO)S (D)(O (MI) MAIN OC) CO		
2 Dringing D	lace of Business	2a. Mailing Address			Date Incorporated or Qualified		
21	IZCO OI BUSINESS	26 Walling Address			02/11/1987		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		-	4. FEI Number	Apr	plied For
22	, •	27			59-2636250	Not	t Applicable
City & Stat	ie	City & State			S O W A COLOR Desired O	\$8.75 A	dditional
23		28			5. Certifcate of Status Desired	Fee Red	quired
Zip	Country	Zip	Country	•	6. Election Campaign Financing	\$5.00	May Be
24	25	29 30			Trust Fund Contribution	Added to	o Fees
•	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
EVERS, B	arbara a		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
3487 CLA	rk road		83				
SARASOT	A FL 34231		83				
	**		84	City		85 Zip C	ode
11. Pursuant	to the provisions of Sections 617 050	2 and 617.1508. Florida Statutes.	the above	l e-named com	poration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby accept the ap	pointment as reg	jistered
	an language the cond	Chus		•	5/	,199	
SIGNATURE	Signature, typed or printed name of registered ager	- (0)	egistered Ager	nt signature require	d when reinstating)		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	LEVY, RICHARD		1.2 NAME				
STREET ADDRESS	1650 MAIN STREET		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY- S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	FAMIGLIO, GEORGE		2.2 NAME				
STREET ADDRESS	400 4 544 DI OT		2.3 STREET	TADDRESS			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-S	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	COMPARATO, LOUIS		3.2 NAME				
STREET ADDRESS	1638 MAIN STREET		3.3 STREET	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		3.4. ÇITY- S	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	CONFORTI, SYLVIA		4. 2 NAME				
STREET ADDRESS	1652 MAIN STREET		4.3 STREET	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-5	T-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition
NAME	LOVINGOOD, JOAN		5.2 NAME				
STREET ADDRESS	4544 000DED DD		5.3 STREE	TADDRESS			
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-S	T-ZIP	<u> </u>		
TITLE	m' 10 6	☐ DELETE	6.1 TITLE		**************************************	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	1		6.3 STREE	T ADDRESS			
1	i *			ı			

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, with all other like empowered.

SIGNATURE: