2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 12, 2004 08:00 AM DOCUMENT # N19200 **Secretary of State** 1. Entity Name MAIN MALL ASSOCIATION, INC. Mailing Address Principal Place of Business 3487 CLARK ROAD P.O. BOX 17185 SARASOTA FL 34231 SARASOTA FL 34276-7185 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2636250 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EVERS, BARBARA A 3487 CLARK ROAD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 Zin Code City FI 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Defete Change TITLE TITLE U00000086605 LEVY, RICHARD NARKE NAME 03/12/04-80030-005 61.25 1650 MAIN STREET STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete 3331.5 FAMIGLIO, GEORGE NAME NAME 1634 MAIN ST. STREET ADDRESS STREET ADDRESS SARASOTA FL CITY - ST - ZIP CITY -ST-ZIP ☐ Change ☐ Addition THILE Delete TITLE COMPARATO, LOUIS NAME MAME 1638 MAIN STREET STREET ADDRESS STREET ADDRESS SARASOTA FL CUTY-ST-ZIP C3TY - S3 - 719 ☐ Change Addition ☐ Delete 3133 F 3 1331 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP RILE Defete ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition Delete 3331.E TITLE MANSE NAME STREET ADDRESS 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 eath; 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

Goorge Famiglio

2/23/04

FILED

941-957-0775