


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-06-2006 90055 050 ****61.25

DOCUMENT # N19200					
1. Entity 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		
2. Principal Place of Business 2603 Webber Place Suite, Apt. #, etc.		3. Mailing Address P.O. Box 50991 Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA FL		4. FEI Number 59-2636250	
Zip 34232		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVERS, BARBARA A 3487 CLARK ROAD SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2603 Webber Place City SARASOTA FL Zip Code 34232		
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 <i>Barbara A. Evers</i>				DATE <i>2-3-06</i>	
Filing Fee is \$61.25 Due by May 1, 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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVY, RICHARD	NAME			
STREET ADDRESS	1650 MAIN STREET	STREET ADDRESS	3300 S. TAMiami TRAIL Unit 6		
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP	SARASOTA, FL 34239		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAMIGLIO, GEORGE	NAME			
STREET ADDRESS	1634 MAIN ST.	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COMPARATO, LOUIS	NAME			
STREET ADDRESS	1638 MAIN STREET	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: <i>George Famiglio</i>				DATE: <i>2-3-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>941-957-0775</i>	