

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 03, 2009
Secretary of State**

DOCUMENT# N19200

Entity Name: MAIN MALL ASSOCIATION, INC.

Current Principal Place of Business:

2603 WEBBER PL
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50991
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-2636250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERS, BARBARA A
2603 WEBBER PL
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALTON, KATE
Address: 1652 MAIN ST
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: FAMIGLIO, GEORGE,
Address: 1634 MAIN ST.
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: COMPARATO, LOUIS
Address: 1638 MAIN STREET
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FAMIGLIO, GEORGE V,
Address: 1634 MAIN ST.
City-St-Zip: SARASOTA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE V FAMIGLIO

D

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date