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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000401

1. Corporation Name

SOUTHSIDE BUSINESS ASSOCIATION, INC.

Principal Place of Business
6313 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405

Mailing Address
6313 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/03/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0679614

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASOLARE, JOSEPH
6313 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME D CASOLARE, JOSEPH
STREET ADDRESS 6313 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL 33405

1.1 TITLE Change Addition
1.2 NAME D
1.3 STREET ADDRESS Martin Lazzo
1.4 CITY-ST-ZIP 5801 S. Dixie Hwy.
West Palm beach, FL 33405

TITLE DELETE
NAME PD LAZZO MARTIN
STREET ADDRESS 5801 S. DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405

2.1 TITLE Change Addition
2.2 NAME Pres., Dir.
2.3 STREET ADDRESS Karl Foose
2.4 CITY-ST-ZIP 4100 South Dixie Highway, Suite C
West Palm Beach, FL 33405

TITLE DELETE
NAME D GEOFFREY C HIGGS
STREET ADDRESS 6903 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405

3.1 TITLE Change Addition
3.2 NAME D
3.3 STREET ADDRESS Sylvia Alarcon Sparler
3.4 CITY-ST-ZIP 4100 S. Dixie Hwy., Suite C
West Palm Bch, FL 33405

TITLE DELETE
NAME VP, D
STREET ADDRESS Timothy C. Childers
CITY-ST-ZIP 5100 South Dixie Hwy., Suite 6
West Palm Beach, FL 33405

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME T, D
STREET ADDRESS Elena E. Contreras
CITY-ST-ZIP 399 Forest Hill Blvd.
West Palm Beach, FL 33405-4651

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME S, D
STREET ADDRESS Susan LaFehr Hession
CITY-ST-ZIP 6309 S. Dixie Hwy.
West Palm beach, FL 33405

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/16/99 Daytime Phone #

CR2E037 - (11/98)