

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-08-2002 90121 035 ****61.25

DOCUMENT # 706628

1. Entity Name

520 ASSOCIATION INC

Principal Place of Business

% PHIL CITTADINO MANAGEMENT, INC
 14000 MILITARY TRAIL, SUITE 204-C
 DELRAY BEACH FL 33484
 US

Mailing Address

% PHIL CITTADINO MANAGEMENT, INC
 14000 MILITARY TRAIL, SUITE 204-C
 DELRAY BEACH FL 33484
 US

87053



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1094783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EARNHART, CRAIG D
70 S.E. 4TH AVENUE
DELRAY BCH FL 33483

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **KENNER, HOPKINS JR.**
 STREET ADDRESS **70 SE 4 AVE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VP** ☐ Delete
 NAME **EARNHART, CRAIG**
 STREET ADDRESS **70 SE 4 AVE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **TRS** ☐ Delete
 NAME **TOIVANEN, TULA**
 STREET ADDRESS **520 NE 7TH AVE 2-D**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **PD** ☒ Delete
 NAME **EARNHART, CRAIG**
 STREET ADDRESS **70 SOUTHEAST 4TH AVE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☒ Delete
 NAME **TOIVANEN, TULA**
 STREET ADDRESS **520 NE 7TH AVENUE 2-D**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TRS/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

561-496-3233

Daytime Phone #

CR2E037 (9/01)