

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90092 038 ****61.25

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DOCUMENT # 705183

1. Corporation Name

SOUTH PASADENA CIVIC ASSOCIATION, INC.

Principal Place of Business

% GERALD E. MAYHEW
1868 SHORE DRIVE, SOUTH #305
S. PASADENA FL 33707

Mailing Address

% GERALD E. MAYHEW
1868 SHORE DRIVE, SOUTH #305
S. PASADENA FL 33707



2. Principal Place of Business

21 7047 Sunset Drive
Suite, Apt. #, etc.

22 South Pasadena, Florida
City & State

23 33707
Zip

Country

24 Pinellas

2a. Mailing Address

26 Agnes Stebelton
Suite, Apt. #, etc.

27 1868 Shore Dr. So. #311
City & State

28 South Pasadena, FL
Zip

Country

29 33707 30 Pinellas

3. Date Incorporated or Qualified

02/11/1963

4. FEI Number

59-2018775

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

O'LEARY, DONALD M
4753 CENTRAL AVENUE
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME VD
STREET ADDRESS MAYHEW, VERA
CITY-ST-ZIP 1868 SHORE DR SO #35
S. PASADENA FL 33707

TITLE ☐ DELETE
NAME PD
STREET ADDRESS STEBELTON, AGNES
CITY-ST-ZIP 1868 SHORE DR SO 311
SOUTH PASADENA FL

TITLE ☒ DELETE
NAME VD
STREET ADDRESS CORBETT, MILDRED
CITY-ST-ZIP 1893 SHORE DR S., APT 301
S. PASADENA FL

TITLE ☒ DELETE
NAME VD
STREET ADDRESS CLARKE, MARY
CITY-ST-ZIP 1868 SHORE DR SO APT 605
SOUTH PASADENA FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS WINANS, GERALDINE M.
CITY-ST-ZIP 6924 SOUTH SHORE DR. SO.
S. PASADENA FL

TITLE ☐ DELETE
NAME TD
STREET ADDRESS HELD, ALMA
CITY-ST-ZIP 7700 SUN ISLAND DR. #601
S. PASADENA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME STAJICH, SIBYLLE
3.3 STREET ADDRESS 1847 Shore Dr. SO. #315
3.4 CITY-ST-ZIP

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)