NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 720762**

1. Corporation Name

THIRD STREET SOUTH AREA ASSOCIATION, INC.

Principal Place of Business

1262 3RD ST. SO. SOUTH

SUITE Ç NAPLES FL 34102 Mailing Address

1262 3RD ST. SO. SOUTH SUITE C

NAPLES-FL 34102

## **FILED** Mar 02, 1999 8:00 am secretary of State

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				1					
2. Principal Place of Business	2a. Mailing Address			Date Incorporated or Qualifed					
21 1207 Third at 50	26 1207 Third Stre	زعو	t So		04/22/1971				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		•	4.	FEI Number		L	Applied For	
22 Suite 5A	27 Suite 5 A				23-7153212			Not Applicable	
City & State 23 Naples, FL	City & State 28 Naples			5.	Certificate of Status Desired	_		.75 Additional ee Required	
Zip Country 24 34102 25, U.S.A		untry	<u></u>	6.	Election Campaign Financing Trust Fund Contribution			5.00 May Be	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
1 m. C.T.	it Vadiatesea vilastr	81	Name						
1 de la companya del companya de la companya del companya de la co									
HARRINGTON, BURT HARTINGTON, BURT MARISSA COLLECTIONS		82	82 Street Address (P.O. Box Number is Not Acceptable)						
		83							
1167 THIRD STREET SOUTH		"							
NAPLES FL 34102		84	City			FL	85		

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 lagent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTORS	. (1012.10	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12						
TITLE 3	COPD	☐ DELETE	1.1 TITLE	COPD	Change	Addition						
NAME	JARTINGTON, BURT		1.2 NAME	HARTINGTON, BURT 1167 THIRD STREET SOUT								
STREET ADDRESS	1167 3RD STREET S.		1.3 STREET ADDRESS	1167 THIRD STREET SOUT	H	1						
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP	NAPLES, FL 34102		——————————————————————————————————————						
TITLE	COPD	☐ DELETE	2.1 TITLE	LOPP	Change	Addition						
NAME	THAHEIMER, BRUCE		2.2 NAME	THALHEIMER, BRUCE 255 13TH AVE SOUTH								
STREET ADDRESS	255 13TH AVE S		2.3 STREET ADDRESS	255 13TH AVE SOUTH								
CITY-ST-ZIP	NAPLES FL 34102		2. 4 CITY-ST-ZIP	NAPLES, FL 34102								
TITLE	COVD	<b>⊠</b> DELETE	3.1 TITLE	SECRETARY:	Change	Addition						
NAME	BRICK, SUSAN		3.2 NAME	MADDY BUCKHANNA								
STREET ADDRESS	340 13TH AVE S		3.3 STREET ADDRESS	1170 THIRD STREET SOUT	H	-						
CITY-ST-ZIP	NAPLES FL 34102		3.4. CITY-ST-ZIP	NAPLES, EL 34102								
TITLE	COVD	DELETE	4.1 TITLE	Treasurell,	☐ Change	Addition						
NAME	FOSTER, ELAINE		4.2 NAME	Pamela SchlegeL								
STREET ADDRESS	1258 3RD STREET S.		4.3 STREET ADDRESS	385 14th ave 5	·- <del></del>							
CITY-ST-ZIP	NAPLES FL 34102		4.4 CITY-ST-ZIP	NAPIES FL 34102								
TITLE	COVD	X DELETE	5.1 TITLE	COVD	☐ Change	Addition						
NAME	VERDESCA, ED	***	5.2 NAME	ABBASS, NANCY								
STREET ADDRESS	1170 3RD STREET S.		5.3 STREET ADDRESS	1193 THIRD STREET SOUTH	1							
CITY-ST-ZIP	NAPLES FL 34102	•	5.4 CITY-ST-ZIP	NAPLES, FL 34102								
TITLE	SD	☐ DELETE	6.1 TITLE	COYD	Change	Addition						
NAME	RESSLER, BETH		6.2 NAME	RESSLER, BETH								
STREET ADDRESS	-1300 3RD STREET S.		6.3 STREET ADDRESS	1300 THIRD ST. SOUTH		{						
CITY-ST-ZIP	NAPLES FL 34102	4 !:E . 6 4b	6.4 CITY-ST-ZIP	NAPLES, FL 34102	41E - 414 41 1-	ion						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 empewered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an eddress, with all other like empowered.

SIGNATURE: