

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 720762

1. Entity Name
THIRD STREET SOUTH AREA ASSOCIATION, INC.



Principal Place of Business
**1207 THIRD ST SOUTH
STE 5A
NAPLES, FL 34102 US**

Mailing Address
**1207 THIRD ST SOUTH
STE 5A
NAPLES, FL 34102 US**



04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7153212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ARAGON, JOSE
395 13TH AVE S
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

U000000904273
05/01/08-80006-008 61.25

10. OFFICERS AND DIRECTORS

TITLE
S
NAME
COLLINS, JUSTIN
STREET ADDRESS
255 13TH AVE. SO
CITY-ST-ZIP
NAPLES, FL 34102

TITLE
T
NAME
RICHARDS, SUSAN
STREET ADDRESS
1207 THIRD STREET SOUTH
CITY-ST-ZIP
NAPLES, FL 34102

TITLE
COPD
NAME
RIDGWAY, TONY
STREET ADDRESS
1300 THIRD STREET SOUTH
CITY-ST-ZIP
NAPLES, FL 34102

TITLE
COVD
NAME
HARTINGTON, BURT
STREET ADDRESS
1167 THIRD STREET SOUTH
CITY-ST-ZIP
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan Richards Susan Richards 4/14/8 239-649-6707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #