

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720762

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** THIRD STREET SOUTH AREA ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 1585  
STE 5A  
NAPLES, FL 34106 US

**FEI Number:** 23-7153212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: COLLINS, JUSTIN  
Address: 255 13TH AVE. SO  
City-St-Zip: NAPLES, FL 34102

Title: T (X) Delete  
Name: RICHARDS, SUSAN  
Address: 1207 THIRD STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: COPD ( ) Delete  
Name: RIDGWAY, TONY  
Address: 1300 THIRD STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: COVD ( ) Delete  
Name: HARTINGTON, BURT  
Address: 1167 THIRD STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: HARTINGTON, BURT  
Address: 1167 THIRD STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BURT HARTINGTON

TRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date