

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 724989	
1. Entity Name THE HAPPY FIDDLER ASSOCIATION, INC.	
Principal Place of Business 201 E. KENNEDY BLVD. 420 TAMPA, FL 33602 US	Mailing Address 201 E. KENNEDY BLVD. 420 TAMPA, FL 33602 US



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1642997	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PEREZ, FRANK JR. 201 E KENNEDY BLVD. STE. 420 TAMPA, FL 33602

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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**

**U00000795643
01/28/08-80056-002 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, FRANK JR. 201 E KENNEDY BLVD STE 420 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOLDEN, GARY 60 GULF BOULEVARD #104 INDIAN ROCKS BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINO, ANTHONY 3407 W. KENNEDY TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 life empowered.

SIGNATURE CAROLD BOCKENK **CAROLD BOCKENK** 1-16-08 813-963-1169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #