

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736843 (4)

1. Corporation Name

EASTLAKE SQUARE MALL MERCHANTS ASSOCIATION, INC.



Principal Place of Business

5701 E. HILLSBOROUGH AVE. RM 1258
TAMPA FL 33610

Mailing Address

5701 E. HILLSBOROUGH AVE. RM 1258
TAMPA FL 33610

3. Date Incorporated or Qualified
09/20/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 26 c/o Gumbert Asset Management

4. FEI Number
59-1674910

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27 3200 N. Federal Hwy.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 28 Ft. Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 25 29 30 33306

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DULL, HAROLD
5701 E. HILLSBOROUGH AVENUE, ROOM 1258
TAMPA FL 33610

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SEGER, CAROLE
STREET ADDRESS 5701 E. HILLSBOROUGH AVE., #1258
CITY-ST-ZIP TAMPA, FL 00000

11 TITLE Vice President Asset Mgmt
12 NAME Robert Saffran
13 STREET ADDRESS 3200 N. Federal Hwy.
14 CITY-ST-ZIP Ft. Lauderdale, FL 33306

TITLE VD
NAME MEHOLLIN, INGRID
STREET ADDRESS 5701 E. HILLSBOROUGH AVE., #1258
CITY-ST-ZIP TAMPA, FL 00000

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VD
NAME WARD, DENISE
STREET ADDRESS 5701 E. HILLSBOROUGH AVE., #1258
CITY-ST-ZIP TAMPA, FL 00000

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE T
NAME SURBER, MELISSA
STREET ADDRESS 5701 E. HILLSBOROUGH AVE., 1258
CITY-ST-ZIP TAMPA FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DT
NAME HOSKINS, GARY
STREET ADDRESS 5701 E. HILLSBOROUGH AVE., #1258
CITY-ST-ZIP TAMPA, FL 00000

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DT
NAME BAILY, JACK
STREET ADDRESS 5701 E. HILLSBOROUGH AVE., #1258
CITY-ST-ZIP TAMPA FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/96 537-2700

CR2E037 (12/95)