

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:29

DOCUMENT # 746421 (7)

1. Corporation Name

SILVER SPRINGS SHORES ATHLETIC ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 7006
OCALA FL 34472-7006

P.O. BOX 7006
OCALA FL 34472-7006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1979

3a. Date of Last Report

04/21/1994

4. FEI Number

59-3118321

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRC 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GUINN, DIANE
15 PINE RUN TER.
OCALA FL 34472**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

HASTAD, WILLIAM

21 SAPPHIRE RD.

OCALA FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

PD

Hastad, William

3601 SE 30 Terr

Ocala Fla. 34470

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

HASTAD, ROBIN

21 SAPPHIRE RD.

OCALA FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

SD

Hastad Robin

3601 SE 30 Terr

Ocala Fla. 34470

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

D'ALESSANDRO, JOHN

3 SPRING LAKE LANE

OCALA FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

VD

Miller Ed

9 Bahia Ct Trace

Ocala Fla. 34472

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

GUINN, DIANE

15 PINE RUN TER.

OCALA FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diane Guinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Guinn

2/22/95

904-620-1122