## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1997 8:00am

Secretary of State

4-21-97

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Principal Place of Business

746421

(7)

Mailing Address

## SILVER SPRINGS SHORES ATHLETIC ASSOCIATION, INCORPORATED

P.O. 80X 7006 OCALA FL 34472-7006		P.O. BOX 7006 OCALA FL 34472-0006				
			į		3. Date Incorporated or Qualified 03/23/1979	3a. Date of Last Report 03/04/1996
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		<del> </del>	59-3118321	Not Applicable
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 Chule Cha		27				Fee Required
City & Sta	te	City & State	- 1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	iry	8. This corporation has liability for it	
24	26	<u> </u>	30	- /		Yes No
	9. Name and Address of Curre				10. Name and Address of New Re	gistered Agent
				Name	DEBORAH HARM	nal
GUINN,	DIANE		Į,	32 Street	Address (P.O. Box Number is Not Acceptab	ale)
15 PINI	E RUN TER.				12 BAHIA TRACK	RUN
OCALA	FL 34472		ŀ	33	DCALA ; FL.	
			Ī	34 City		FL 85 Zip Code 34472
44 Durayani	to the provisions of Spations 617.05	00 and 647 4500. Finish Chat to	- 45		and an all this statement for the	<u></u>
office or	to the provisions of Sections 617.05 registered agent, or both, in the Stat	e of Florida. Such change was a	ithorize 1	by the corp	corporation submits this statement for the population's board of directors. I hereby accept	of the appointment as registered
agent. I s	am familiar with, and accept the oblig		ida Sta	tes	4-2	1 92
SIGNATURE	Signature, typed or printed name of registered as	nent and title if sontcable /NOTE	Register	Agent signature	required when reinstating)	barr barr
12.		ND DIRECTORS	13.	Agori algriature	ADDITIONS/CHANGES 10 OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	<b>≥</b> DELETE		E	PRESIDENT PD	Change Addition
NAME	HASTAD, WILLIAM	•	1.2 N	AF.	HARMON, MARK 'A.	•
STREET ADDRESS	3601 SE 30TH TERR		1.3 5 R	EET ADDRESS	512 BAHIA TRACK RI	N
CITY-ST-Z#P	OCALA FL		1.4 C P	7 - \$1 - ZIP	OCALA, FL. 34472	
TITLE	SD	<b>X</b> .DELETE		E	S/T/D	Change Addition
NAME	HASTAD, ROBIN		22 N	AE .	DEBORAH K. HARMO	AC
STREET ADDRESS	3601 SE 30TH TERR		2.3 H	EET ADDRESS	512 BAHIA TRACK	
CITY-ST-ZIP	OCALA FL		2.4	Y - ST - ZIP	OCALA, FL. 34472	
TITLE	VD	DELETE	3 1	·f	V/b ,	Change Addition
NAME	MILLER, ED		3.2	AE .	ZIADIE, TONY	
STREET ADDRESS	9 BAHIA CT TRACE		3.3	eet address	ZIADIE, TONY 7 CHERRY COURSE	
CITY-ST-ZIP	OCALA FL		34	Y - ST - ZIP	OCALA , FL. 34472	
TITLE	T	DELETE	4.1	.E	,	Change [_] Addition
NAME	GUINN, DIANE		4.	ME		
STREET ADDRESS	15 PINE RUN TER.		4.3	EE1 ADDRESS		
CITY-ST-ZIP	OCALA FL		-	Y-ST-ZIP		
TITLE		☐ DELETE	, ,	Æ		Change Addition
NAME				ME		
STREET ADDRESS			5.	EET ADDRESS		
CITY-ST-ZIP		DELETE	5.	Y-ST-ZIP		Change Addition
TITLE		ריי הגרבונ	6	.t		C cuands C vigarion
NAME CARECT ADDRESS				ME SEE ADDRESS		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	by certify that the information supplic	ad with this fiting does not qualify		Y-ST-ZIP	tated in Section 119.07(3)(i), Florida Stalute	s. I further certify that the
informatio	on indicated on this annual report or fficer or director of the corporation on Block 12 or Block 13 if changed, o	supplemental annual report is tru r the receiver or trustee empowe	e a red	ccurate and	that my signature shall have the same legs report as required by Chapter 617, Florida S	al effect as if made under oath; tha