FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUL -5 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **750990** **(4)**

1. Corporation Name

GULF VIEW MALL MERCHANTS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9409 US HWY 19 N STE 781 PORT RICHEY FL 34668	9409 US HWY 19 N STE 781 PORT RICHEY FL 34668

3. Date Incorporated or Qualified: **02/11/1980**
3a. Date of Last Report: **03/16/1994**
4. FEI Number: **59-1994821** — 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 IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has salary for employee tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

PASSAPAE, GARY
9409 US HWY 19, STE 781
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

31 Name: Ron Sikora
32 Street Address (P.O. Box Number is Not Acceptable): 9409 U.S. Hwy 19, Suite 781
33: Port Richey, FL 34668
34 City: FL — 35 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: Ron Sikora, Gen. Mngr. — June 14, 1995
Signature, type or printed name of registered agent and title if applicable — Registered Agent's Signature required for filing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	Treasurer TD — XX Change ☐ Addition
NAME	VANZANDT, DON	12 NAME	Bill Noland
STREET ADDRESS	9409 US HWY 19, STE. #259	13 STREET ADDRESS	9409 U.S.Hwy 19,Suite 721
CITY ST ZIP	PORT RICHEY FL 34668	14 CITY ST ZIP	Port Richey, FL 34668
TITLE	VD	21 TITLE	Vice President VD — XX Change ☐ Addition
NAME	KISBY, JEANNE	22 NAME	James DeLousa
STREET ADDRESS	9409 US HWY 19, #283	23 STREET ADDRESS	9409 U.S. Hwy 19, Suite 291
CITY ST ZIP	PORT RICHEY FL 34668	24 CITY ST ZIP	Port Richey, FL 34668
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SIKORA, RON	32 NAME	
STREET ADDRESS	9409 US 19 NORTH 781	33 STREET ADDRESS	
CITY ST ZIP	PORT RICHEY FL 34668	34 CITY ST ZIP	
TITLE	PD	41 TITLE	President PD — XX Change ☐ Addition
NAME	SMITH, MARY ELLEN	42 NAME	Carl Bohanan
STREET ADDRESS	9409 US HWY 19, #207	43 STREET ADDRESS	9409 U.S. Hwy 19, Suite 323
CITY ST ZIP	PORT RICHEY FL 34668	44 CITY ST ZIP	Port Richey, FL 34668
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Ron Sikora — 05/10/95 — 813EA63600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000707Z