

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13424 (9)
1. Corporation Name
TARPON SPRINGS MAIN STREET ASSOCIATION, INC.

Principal Place of Business Mailing Address
121 E. TARPON AVE. 121 E. TARPON AVE.
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1986	3a. Date of Last Report 07/07/1994
4. FEI Number 59-6000427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 124 E. Tarpon Ave. Suite, Apt. #, etc. 22 Tarpon Springs City & State 23 FL Zip 24 34689	2a. Mailing Address 26 124 E. Tarpon Ave Suite, Apt. #, etc. 27 City & State 28 Tarpon Springs, FL Zip 29 34689 Country 30 USA
---	---

9. Name and Address of Current Registered Agent
TARAPANI, JOHN K
128 E. TARPON AVE.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name **Karen Kundra**
82 Street Address (P.O. Box Number is Not Acceptable)
124 E. Tarpon Ave.
83
84 City **Tarpon Springs FL** 85 Zip Code **34689**

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 Karen Kundra Karen Kundra, Pres. 4/27/95
Signature, typed or printed name of registered agent and the corporation (NOTE: Typed and Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	KUNDR, KAREN
STREET ADDRESS	124 E TARPON AVE.
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	DP
NAME	TARAPANI, JOHN K
STREET ADDRESS	128 E. TARPON AVE.
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	DT
NAME	ALLCORN, COLLEEN
STREET ADDRESS	121 E. TARPON AVE.
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	DVP
NAME	BRAYBOY, KAREN
STREET ADDRESS	123 E. COURT ST.
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KUNDR, KAREN
13 STREET ADDRESS	124 E. TARPON AVE.
14 CITY-ST-ZIP	Tarpon Springs, FL 34689
21 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BRENDA REID
23 STREET ADDRESS	3 E. TARPON AVE
24 CITY-ST-ZIP	Tarpon Springs, FL 34689
31 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DONNA LONGWELL-HOFFMAN
33 STREET ADDRESS	118 E. TARPON AVE.
34 CITY-ST-ZIP	Tarpon Springs, FL 34689
41 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	LAURA KRESL
43 STREET ADDRESS	150 E. TARPON AVE.
44 CITY-ST-ZIP	Tarpon Springs, FL 34689
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 as an attachment with an addenda.

SIGNATURE: Karen Kundra 4/27/95 (813) 937-9497
Signature and typed or printed name of signing officer or director Date (Initials) (Phone #)
Karen Kundra