

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

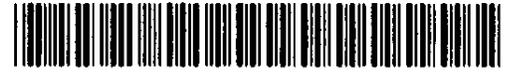
FILED

Aug 04 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N13424 (9)**

1. Corporation Name  
**TARPON SPRINGS MAIN STREET ASSOCIATION, INC.**



Principal Place of Business 124 E. TARPON AVENUE TARPON SPRINGS FL 34689 US	Mailing Address 124 E. TARPON AVENUE TARPON SPRINGS FL 34689 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/14/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-6000427</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <b>P.O. Box 157</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <b>TARPON SPRINGS FLORIDA</b>
Zip 24	Country 25
Country 25	Zip 29 <b>34688</b>
	Country 30 <b>U.S.A.</b>

9. Name and Address of Current Registered Agent

**KUNDRA, KAREN**  
**124 E. TARPON AVENUE**  
**TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KUNDRA, KAREN	
STREET ADDRESS	124 E TARPON AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REID, BRENDA	
STREET ADDRESS	3 E. TARPON AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LONGWELL-HOFFMAN, DONNA	
STREET ADDRESS	118 E. TARPON AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KRESL, LAURA	
STREET ADDRESS	150 E. TARPON AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DS REID, BRENDA</b>
2.3 STREET ADDRESS	<b>30. TARPON AVE</b>
2.4 CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DV GANT, AMMON</b>
3.3 STREET ADDRESS	<b>3E TARPON AVE</b>
3.4 CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DT LOIS UNBEHAGEN</b>
4.3 STREET ADDRESS	<b>45 W TARPON AVE</b>
4.4 CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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 REQUIRED \_\_\_\_\_

CP2E037 (4/97)