

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 04 1997 8:00am
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/14/1986		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-6000427		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
24		25		29		30	
34688		U.S.A.					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	KUNDRA, KAREN	1.2 NAME	
STREET ADDRESS	124 E TARPON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	DS
NAME	REID, BRENDA	2.2 NAME	REID, BRENDA
STREET ADDRESS	3 E. TARPON AVE.	2.3 STREET ADDRESS	30. TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	DS	3.1 TITLE	DV
NAME	LONGWELL-HOFFMAN, DONNA	3.2 NAME	GANT, AMMON
STREET ADDRESS	118 E. TARPON AVE.	3.3 STREET ADDRESS	3E TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	DT	4.1 TITLE	DT
NAME	KRESL, LAURA	4.2 NAME	LOIS UNBEHAGEN
STREET ADDRESS	150 E. TARPON AVENUE	4.3 STREET ADDRESS	45 W TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

10/2/97

CP2E037 (4/97)