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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13424 (9)
1. Corporation Name
TARPON SPRINGS MAIN STREET ASSOCIATION, INC.



Principal Place of Business 3 E TARPON AVENUE TARPON SPRINGS FL 34689 US	Mailing Address P.O BOX 157 TARPON SPRINGS FL 34688 US
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3. Date Incorporated or Qualified 02/14/1986	Applied For Not Applicable
4. FEI Number 59-6000427	
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

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

SG READ ST

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 **KAREN KUNDRA** DATE **4/15/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KUNDRA, KAREN	
STREET ADDRESS	124 E TARPON AVE. SG READ ST	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	REID, BRENDA	
STREET ADDRESS	3 E. TARPON AVE.	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GANT, AMMON	
STREET ADDRESS	3 E TARPON AVE	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	UNGERER, LOIS	
STREET ADDRESS	45 W TARPON AVE	
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 type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DS	
2.3 STREET ADDRESS	LISA CRUM	
2.4 CITY - ST - ZIP	507 ANCLOTE AD. TARPON SP. FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT	
4.3 STREET ADDRESS	BRENDA REID	
4.4 CITY - ST - ZIP	3 E. TARPON AVE TARPON SP. FL.	
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 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: **Karen Kundra** DATE: **4/15/98** 813 - 938-5566

CFR2037 (10/97)