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02-27-1999 90067 003 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13424

1. Corporation Name

TARPON SPRINGS MAIN STREET ASSOCIATION, INC.

Principal Place of Business

124 E. TARPON AVENUE
TARPON SPRINGS FL 34689
US

Mailing Address

P.O. BOX 157
TARPON SPRINGS FL 34688
US



2. Principal Place of Business

21 **3 EAST TARPON AVE.**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **TARPON SPRINGS**

Suite, Apt. #, etc.

27 City & State

City & State

23 **FL.**

City & State

28

Zip

24 **34689**

Country

25 **U.S.A.**

Zip

29

Country

30

3. Date Incorporated or Qualified

02/14/1986

4. FEI Number

59-6000427

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

9. Name and Address of Current Registered Agent

KUNDRA, KAREN
56 READ ST
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

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 *Karen Kundra*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/25/99**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **KUNDRA, KAREN**

STREET ADDRESS **56 READ ST**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DT** ☐ DELETE

NAME **REID, BRENDA**

STREET ADDRESS **3 E. TARPON AVE.**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DV** ☐ DELETE

NAME **GANT, AMMON**

STREET ADDRESS **3 E TARPON AVE**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DS** ☐ DELETE

NAME **CRUM, LISA**

STREET ADDRESS **507 ANCLOTE RD**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DT** ☐ DELETE

NAME **REID, BRENDA**

STREET ADDRESS **3 E. TARPON AVE**

CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

JANET GURNSEY
40050 U.S. Hwy 19 N.
TARPON SP. FL. 34689

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, with all other like empowered.

SIGNATURE:

Karen Kundra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/25/99**

Daytime Phone #

CR2E037 (11/98)