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Feb 27, 1999 8:00 am
Secretary of State

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
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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
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2. Principal Place of Business 21 3 EAST TARPON AVE.	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/14/1986
Suite, Apt. #, etc. 22 TARPON SPRINGS	Suite, Apt. #, etc. 27	4. FEI Number 59-6000427
City & State 23 FL.	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34689	Country 25 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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* (NOTE: Registered Agent signature required when reinstating) DATE: **1/25/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDRA, KAREN	1.2 NAME	
STREET ADDRESS	56 READ ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, BRENDA	2.2 NAME	
STREET ADDRESS	3 E. TARPON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANT, AMMON	3.2 NAME	
STREET ADDRESS	3 E TARPON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, LISA	4.2 NAME	
STREET ADDRESS	507 ANCLOTE RD	4.3 STREET ADDRESS	JANET GURNSEY
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	40050 U.S. Hwy 19 N.
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, BRENDA	5.2 NAME	
STREET ADDRESS	3 E. TARPON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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)