SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90003 022 ****61.25

DOCUMENT # N14774

1. Corporation Name
1617 TUTTLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1617 S. TUTTLE AVE. SARASOTA FL 34239	P.O. BOX 2253 SARASOTA FL 34230

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/06/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2750205 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUCKHOLTZ, GARY A CPA 2831 RINGLING BLVD SUITE 119-E SARASOTA FL 34237	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AUDEH, JAMEEL		1.2 NAME	
STREET ADDRESS	1617 S. TUTTLE AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIORGETTI, PAUL		2.2 NAME	
STREET ADDRESS	1617 S. TUTTLE AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BUBINAK, JOSEPH F.		3.2 NAME	
STREET ADDRESS	1617 S. TUTTLE AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCONNELL, GREG		4.2 NAME	
STREET ADDRESS	1617 S. TUTTLE AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	Ted Dunn		5.2 NAME	
STREET ADDRESS	1617 Tuttle Avenue S.		5.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota FL 34239		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

PD
Ted Dunn
1617 Tuttle Ave. S.
Sarasota FL 34239

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: SIGNATURE REQUIRED _____ 7/2/99 (941) 957-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)