

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 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 # N36621 (3)
1. Corporation Name
OLD-TIMERS OF TARPON SPRINGS, INC.



Principal Place of Business 35 KRAEMER AVE TARPON SPRINGS FL 34689	Mailing Address 35 KRAEMER AVE TARPON SPRINGS FL 34689
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3. Date Incorporated or Qualified
02/13/1990

4. FEI Number 59-3028471	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 135 Whitcomb Blvd. Suite, Apt., #, etc.	2a. Mailing Address 26 Same Suite, Apt., #, etc.
22 135 Whitcomb Blv City & State TARPON SPRINGS FL	27 City & State
23 Zip 34689	28 Country Pinelks
24	29
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**BURRUSS, MARY
135 WHITCOMB BLVD
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECOURIS, BLAINE P	1.2 NAME	PRES.
STREET ADDRESS	1704 GULF RD	1.3 STREET ADDRESS	EDITH MALCOLM
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	111 BAY ST.
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRUSS, MARY	2.2 NAME	
STREET ADDRESS	135 WHITECOMB BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEROLZHEIMER, HENRY	3.2 NAME	
STREET ADDRESS	35 KRAEMER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIEMAN, PINA MAE	4.2 NAME	2d Norman Director
STREET ADDRESS	7424 GULF BREEZE CIRCLE	4.3 STREET ADDRESS	118 Parkside Colony Dr.
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, JOHN	5.2 NAME	Barbara Vinson - Director
STREET ADDRESS	417 SPRING BLVD., S	5.3 STREET ADDRESS	1275 MICKLER LANE
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALCOLM, EDITH	6.2 NAME	Gene Chizik - Director
STREET ADDRESS	4653 PHOENIX DRIVE	6.3 STREET ADDRESS	2441 GLENNAN DR.
CITY-ST-ZIP	HOLIDAY FL	6.4 CITY-ST-ZIP	Clearwater, FL 34624

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: _____ 2-20-98 813-930-2011

CFR2037 (10/97)