

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42043** (2)

1. Corporation Name

**THE SOUTHSIDE VILLAGE MERCHANTS' ASSOCIATION, IN  
C.**

Principal Place of Business

Mailing Address

**1924 S OSPREY AVE  
SARASOTA FL 34239  
US**

**1924 S OSPREY AVE  
SARASOTA FL 34239  
US**



3. Date Incorporated or Qualified  
**02/11/1991**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-3050780**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORTON, EDDIE  
1924 S OSPREY AVE  
SARASOTA FL 34239**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☒ DELETE  
NAME **LACAVA, JUDY**  
STREET ADDRESS **1873 HILLVIEW AVE**  
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **SD** ☒ Change ☒ Addition  
1.2 NAME **RON Forti W**  
1.3 STREET ADDRESS **1931 S. Osprey Ave**  
1.4 CITY-ST-ZIP **Sarasota FL 34239**

TITLE **SD** ☐ DELETE  
NAME **SLAMINKO, SANDY**  
STREET ADDRESS **1810 OSPREY AVE**  
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE  
NAME **SHOTTO, LINDA**  
STREET ADDRESS **1931 S. OSPREY AVE**  
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **VAN LIENDEN, BETTY**  
STREET ADDRESS **1817 S OSPREY AVE**  
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **PD Garcia Linda**  
4.3 STREET ADDRESS **1913 S. Osprey Ave**  
4.4 CITY-ST-ZIP **Sarasota FL 34239**

TITLE **PD** ☐ DELETE  
NAME **COFFRIN, TERRY**  
STREET ADDRESS **1829 OSPREY AVE**  
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **COFFRIN Terry**  
5.3 STREET ADDRESS **1829 S. Osprey Ave**  
5.4 CITY-ST-ZIP **Sarasota FL 34239**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D morton, Eddie**  
6.3 STREET ADDRESS **1924 S. Osprey Ave**  
6.4 CITY-ST-ZIP **Sarasota FL 34239**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Terry R Coffrin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-9-96**

Date

**941 366 6871**

Daytime Phone #

CR2E037 (3/96)