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FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34239-3616 US

3. Date Incorporated or Qualified 02/11/1991  
3a. Date of Last Report 07/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3050780	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS FORTIN, RON 1931 S OSPREY AVE SARASOTA FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD SLAMINKO, SANDY 1810 OSPREY AVE SARASOTA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D MORTON, EDDIE 1924 S OSPREY AVE SARASOTA FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD GARCIA, LINDA 1913 S OSPREY AVE SARASOTA FL	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TT COFFRIN, TERRY 1829 OSPREY AVE SARASOTA FL	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

*Director Miles Milwee 1920 Hillview St. SARASOTA, FL 34239*

14. I do 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: \_\_\_\_\_ (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)  
4-11-97 (941) 955-9856  
Date Daytime Phone # 0063482

CR2E037 (9/96)