

**ANNUAL REPORT
1999**



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42043

1. Corporation Name

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

Principal Place of Business

1924 S OSPREY AVE
SARASOTA FL 34239
US

Mailing Address

1924 S OSPREY AVE
SARASOTA FL 34239
US

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90002 039 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/11/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3050780	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
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

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, DAN		1.2 NAME	MARIANN LEBAR	
STREET ADDRESS	1843 HILLVIEW AVE		1.3 STREET ADDRESS	1815 S. OSPREY AVE	
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST-ZIP	SARASOTA FL. 34239	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILWEE, MILES		2.2 NAME	SAM JONES	
STREET ADDRESS	1920 HILLVIEW ST		2.3 STREET ADDRESS	1901 OSPREY	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL. 34239	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	BOARD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON, EDDIE		3.2 NAME	PAM TRUITT	
STREET ADDRESS	1924 S OSPREY AVE		3.3 STREET ADDRESS	1700 S. MIAMI TR.	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA FL.	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	BOARD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, LARRY		4.2 NAME	PAM OLSEN	
STREET ADDRESS	1852 HILLVIEW		4.3 STREET ADDRESS	1920 HILLVIEW GRILL	
CITY-ST-ZIP	SARASOTA FL 34239		4.4 CITY-ST-ZIP	SARASOTA FL.	
TITLE	TTD	<input type="checkbox"/> DELETE	5.1 TITLE	BOARD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFRIN, TERRY		5.2 NAME	FLETCHER BENNETT	
STREET ADDRESS	1829 OSPREY AVE		5.3 STREET ADDRESS	1936 HILLVIEW	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNHILL, HEATHER		6.2 NAME		
STREET ADDRESS	1925 S OSPREY AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		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: [Signature] DATE: 6-13-99 DAYTIME PHONE # 941 366 6871

CR2E037 (11/98)