

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N42043

FILED  
Dec 13, 2006  
Secretary of State

**Entity Name:** THE SOUTHSIDE VILLAGE BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business:**

1757 HYDE PARK ST.  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

1757 HYDE PARK ST.  
SARASOTA, FL 34239 US

**New Mailing Address:**

**FEI Number:** 59-3050780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BARGER, KNICKOLE  
1757 HYDE PARK ST  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KNICKOLE BARGER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDD ( ) Delete  
Name: MORTON, EDDIE  
Address: 1924 S OSPREY AVE, STE 202  
City-St-Zip: SARASOTA, FL 34239

Title: VD ( ) Delete  
Name: MAKEEVER, MICHELLE  
Address: 1950 S TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: SD ( ) Delete  
Name: BARGER, KNICKOLE  
Address: 1757 HYDE PARK ST.  
City-St-Zip: SARASOTA, FL 34239

Title: TD ( ) Delete  
Name: DRIZOS, NICHOLAS  
Address: 1830 S. OSPREY AVE, STE. 102  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: RILEY, JAY  
Address: 1924 S. OSPREY AVE, STE. 102  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: WALLACE, EILEEN  
Address: 1924 S OSPREY AVE, STE 104  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY RILEY

D

12/13/2006

Electronic Signature of Signing Officer or Director

Date