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FILED

Feb 24 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 # **N47990** (9)

1. Corporation Name

CULTURAL ARTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4958 SANTA ROSA BCH FL 32459 US	P.O. BOX 4958 SANTA ROSA BCH FL 32459 US

3. Date Incorporated or Qualified

03/18/1992

4. FEI Number

59-3130514

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
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

10. Name and Address of New Registered Agent

DOLLAR, ROY
4415 E HWY 30-A
SEAGROVE BEACH FL 32459

81 Name **MC GEE, KAREN**

82 Street Address (P.O. Box Number is Not Acceptable)

383 LAKEVIEW DRIVE

83

84 City **SEAGROVE BEACH**

FL

85 Zip Code **32459**

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

Karen McGee
KAREN MC GEE, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOLLAR, ROY	
STREET ADDRESS	4415 E HWY 30-A	
CITY - ST - ZIP	SEAGROVE BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DRAGONETTE, PENNY	
STREET ADDRESS	P.O. BOX 4908 N/A	
CITY - ST - ZIP	SANTA ROSA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CHILDERS, ELLEN	
STREET ADDRESS	613 EDEND RIVE	
CITY - ST - ZIP	POINT WASHINGTON FL	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	EBERHART, DEBORAH	
STREET ADDRESS	1719 SOUTH CITY HWY 393	
CITY - ST - ZIP	SANTA ROSA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUSTACHIO, M. ELIZABETH	
STREET ADDRESS	2888 E HWY 30-A	
CITY - ST - ZIP	SANTA ROSA BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARELSON, RANDY	
STREET ADDRESS	4808 E HWY 30-A	
CITY - ST - ZIP	SEAGROVE BEACH FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MC GEE, KAREN	
1.3 STREET ADDRESS	383 LAKEVIEW DRIVE	
1.4 CITY - ST - ZIP	SEAGROVE BEACH, FL 32459	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KOLKO, ESTHER	
2.3 STREET ADDRESS	11 BOARDWALK LN #50	
2.4 CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHARP, MAXINE	
3.3 STREET ADDRESS	4042 E. HWY. 30-A	
3.4 CITY - ST - ZIP	SEAGROVE BEACH, FL 32459	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

Elizabeth Mustachio

2-5-98

CP25037 (10/97)