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Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N93000004190 (5)**

1. Corporation Name

SOUTHEASTERN SAILING INDUSTRIES ASSOCIATION, INC

Principal Place of Business

Mailing Address

**3000 GANDY BLVD
ST PETERSBURG FL 33702**

**3000 GANDY BLVD
ST PETERSBURG FL 33702**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**RINDA, TOM
1717 MASSACHUSETTS AVENUE N.E.
ST PETERSBURG FL 33701**

3. Date Incorporated or Qualified

09/13/1993

4. FEI Number

59-3230931

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**

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

10. Name and Address of New Registered Agent

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

1-20-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FRISOSKY, RONALS**
CITY-ST-ZIP **1648 SOUTH LAKESHORE DR
SARASOTA FL 34231**

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **MASSEY, EDWARD**
CITY-ST-ZIP **1015 RIVERSIDE DR
PALMETTO FL 34221**

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **MORGAN, CHARLES**
CITY-ST-ZIP **200 2ND AVE SOUTH
ST PETERSBURG FL 33701**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **RINDA, TOM**
CITY-ST-ZIP **1717 MASSACHUSETTS AVE. N.E.
ST. PETERSBURG FL 33703**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FRENCH, LARRY**
CITY-ST-ZIP **3000 GANDY BLVD
ST PETERSBURG FL 33702**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MORGAN, SALLY**
CITY-ST-ZIP **200 2ND AVE. SOUTH
ST PETERSBURG FL 33701**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

T. RINDA, TOM

2-25-98

525-0598

CR2E037 (10/97)