

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004190**

1. Corporation Name

SOUTHEASTERN SAILING INDUSTRIES ASSOCIATION, INC

Principal Place of Business

3000 GANDY BLVD
ST PETERSBURG FL 33702

Mailing Address

3000 GANDY BLVD
ST PETERSBURG FL 33702

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90004 011 ****61.25

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

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

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
FRISOSKY, RONALD
1648 SOUTH LAKESHORE DR
SARASOTA FL 34231

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD
MASSEY, EDWARD
1015 RIVERSIDE DR
PALMETTO FL 34221

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD
MORGAN, CHARLES
200 2ND AVE SOUTH
ST PETERSBURG FL 33701

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
RINDA, TOM
1717 MASSACHUSETTS AVE. N.E.
ST. PETERSBURG FL 33703

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
FRENCH, LARRY
3000 GANDY BLVD
ST PETERSBURG FL 33702

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
MORGAN, SALLY
200 2ND AVE. SOUTH
ST PETERSBURG FL 33701

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED RINDA 7-9-99 727 525 0898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)