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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 # **N93000005632 (5)**

1. Corporation Name

THE SUNCOAST PUBLIC MANAGEMENT ASSOCIATION, INC.



Principal Place of Business CITY OF INDIAN ROCKS BEACH 1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 34635	Mailing Address CITY OF INDIAN ROCKS BEACH 1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 34635
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3. Date Incorporated or Qualified

12/10/1993

4. FEI Number

59-3219053

Applied For

Not Applicable

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

**MESERVE, ERIC S
CITY OF INDIAN ROCKS BEACH
1507 BAY PALM BLVD
INDIAN ROCKS BEACH FL 34635**

81 Name

KARAYIANES, MARY E.

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

**CITY OF INDIAN ROCKS BEACH
1507 BAY PALM BLVD.**

83

84 City

INDIAN ROCKS BEACH

FL

85 Zip Code

33785

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

Mary E. Karayianes

MARY E. KARAYIANES, SECRETARY/TREASURER

1/30/98

Signature, type 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 BRANGACCIO, PAMELA E 18500 MURDOCK CIRCLE PORT CHARLOTTE FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STORCK, BERNADETTE 12345 STARKEY ROAD, SUITE L LARGO FL 33773-2611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD COHEN, PAULETTE E 6410 101ST AVENUE PINELLAS PARK FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRETCHEN TENBROCK 1640 16TH ST NORTH ST.PETERSBURG FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIDLER, BARBARA 2443 TIMBERCREST CIRCLE, WEST CLEARWATER FL 34623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MESERVE, ERIC S CITY OF INDIAN ROCKS BCH, 1507 BAY PALM INDIAN ROCKS BEACH FL 34635

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D LEINBACH, KIM D. CITY OF MADEIRA BEACH/300 MUNICIPAL DRIVE MADEIRA BEACH, FL 33708
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST KARAYIANES, MARY E CITY OF INDIAN ROCKS BEACH/1507 BAY PALM BLVD INDIAN ROCKS BEACH, FL 33785
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PPD FIDLER, BARBARA CITY OF DUNEDIN, 542 MAIN STREET DUNEDIN, FL 34698
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D MONAHAN, KATHLEEN CITY OF TARPON SPRINGS, 324 EAST PINE STREET TARPON SPRINGS, FL 34688-5004
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	P STORCK, BERNADETTE PINELLAS PUBLIC LIBRARY COOPERATIVE 12345 STARKEY ROAD, SUITE L LARGO, FL 33773-2611
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	V EDMUNDS, FRANK CITY OF SEMINOLE/7464 RIDGE ROAD SEMINOLE FL 33773

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mary E. Karayianes

1/30/98

(813)595-2517

CP2E037 (10/97)