


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000000108 (0)**

1. Corporation Name

**WEST FLORIDA BUSINESS ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>29399 U7S 19 N<br/>SUITE 280<br/>CLEARWATER FL 34621</b> | Mailing Address<br><b>29399 U7S 19 N<br/>SUITE 280<br/>CLEARWATER FL 34621</b> |
|--|--|

3. Date Incorporated or Qualified

**01/07/1994**

4. FEI Number

**59-3232216**

Applied For

Not Applicable

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21 29399 US 19 N.</b><br>Suite, Apt. #, etc.<br><b>22 Ste 280</b><br>City & State<br><b>23 CLEARWATER, FL</b><br>Zip Country<br><b>24 33761 25 USA</b> | 2a. Mailing Address<br><b>26 29399 US 19 N.</b><br>Suite, Apt. #, etc.<br><b>27 Ste 280</b><br>City & State<br><b>28 CLEARWATER, FL</b><br>Zip Country<br><b>29 33761 30 USA</b> |
|---|--|

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

**DIANA, NICHOLAS  
168 RUE DES CHATEAUX  
TARPON SPRINGS FL 34689**

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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 |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------|---|---|
| TITLE                      | <b>DPT</b>                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DIANA, NICHOLAS</b>         | 1.2 NAME  |   |
| STREET ADDRESS             | <b>168 RUE DES CHATEAUX</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TARPON SPRINGS FL 34689</b> | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DVP</b>                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RINALDO, DANIEL</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>615 6TH AVE. N.</b>         | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SAFETY HARBOR FL 34895</b>  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>SD</b>                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOHNSON, BARBARA</b>        | 3.2 NAME  |   |
| STREET ADDRESS             | <b>493 PINE WARBLER WAY</b>    | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PALM HARBOR FL 34683</b>    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 4.2 NAME  |   |
| STREET ADDRESS             |                                | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 5.2 NAME  |   |
| STREET ADDRESS             |                                | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 6.2 NAME  |   |
| STREET ADDRESS             |                                | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                | 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:

*[Signature]*

**3-20-98 813-785-2211**

CP2E037 (10/97)