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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N94000003352**

1. Corporation Name

**PALMER PARK OF COMMERCE ASSOCIATION, INC.**

Principal Place of Business

7184 BENEVA RD.  
 SARASOTA FL 34238

Mailing Address

7184 BENEVA RD.  
 SARASOTA FL 34238



2. Principal Place of Business

21 8588 Potter Park Drive

Suite, Apt. #, etc.  
 22 Suite 500

City & State  
 23 Sarasota, Florida

Zip Country  
 24 34238-5439 25 USA

2a. Mailing Address

26 8588 Potter Park Drive

Suite, Apt. #, etc.  
 27 Suite 500

City & State  
 28 Sarasota, Florida

Zip Country  
 29 34238-5439 30 USA

3. Date Incorporated or Qualified

07/01/1994

4. FEI Number  
 65-0525322

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

BRYN, M J  
 ONE BISCAYNE TOWER, STE 3599  
 2 SOUTH BISCAYNE BLVD  
 MIAMI FL 33131

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 DP  DELETE  
 NAME MILLER, E  
 STREET ADDRESS 8588 POTTER PARK DR, STE 500  
 CITY-ST-ZIP SARASOTA FL 34238

TITLE D  DELETE  
 NAME BEFFERT, E C  
 STREET ADDRESS ~~7184 BENEVA RD~~  
 CITY-ST-ZIP ~~SARASOTA FL 34238~~

TITLE D  DELETE  
 NAME LYNCH, S  
 STREET ADDRESS 3903 NORTHDALDE BLVDE, STE 140E  
 CITY-ST-ZIP TAMPA FL 33624

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P  Change  Addition  
 1.2 NAME Eugene F. Cassidy  
 1.3 STREET ADDRESS 8588 Potter Park Drive, Suite 500  
 1.4 CITY-ST-ZIP Sarasota, Florida 34238-5439

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 8588 Potter Park Drive, Suite 500  
 2.4 CITY-ST-ZIP Sarasota, Florida 34238-5439

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, with all other like empowered.

SIGNATURE: *Eugene F. Cassidy* **Eugene F. Cassidy**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99 (941) 922-0759  
 Date Daytime Phone #

CR2E037 (11/98)