

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003506 (2)**

1. Corporation Name

**FLORIDA SELF-INSURANCE FUND GUARANTY ASSOCIATION, INC.**

Principal Place of Business

1515 RINGLING BLVD.  
SUITE 975  
SARASOTA FL 34236  
US

Mailing Address

P. O. BOX 48957  
SARASOTA FL 34230-5957  
US



3. Date Incorporated or Qualified  
**07/15/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **353 INTERSTATE BLD.**

26 **P.O. Box 48957**

4. FEI Number  
**59-3255743**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **SARASOTA FLORIDA**

28 **SARASOTA FLORIDA**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34240**

25 **USA**

29 **34230**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAIDA, THOMAS J  
101 N. MONROE STREET  
SUITE 900  
TALLAHASSEE FL 32301**

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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUNT, FRED</b>	
STREET ADDRESS	<b>1390 MAIN STREET</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, EARL</b>	
STREET ADDRESS	<b>9485 REGENCY SQUARE BLVD., #415</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HILL, EUGENE</b>	
STREET ADDRESS	<b>260 WEKIVA SPRINGS ROAD</b>	
CITY - ST - ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, JOSE</b>	
STREET ADDRESS	<b>7000 S.W. 97TH AVE., #200</b>	
CITY - ST - ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, FRANK T</b>	
STREET ADDRESS	<b>600 CORPORATE DRIVE, #600</b>	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33334</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EMERSON, JAMES</b>	
STREET ADDRESS	<b>302 S. MASSACHUSETTS AVE.</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33802</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Lydecker, Charles</b>	
1.3 STREET ADDRESS	<b>220 South Ridgewood Avenue</b>	
1.4 CITY - ST - ZIP	<b>Daytona Beach, FL 32114</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Neff, Raymond</b>	
2.3 STREET ADDRESS	<b>2601 Cattleman Road</b>	
2.4 CITY - ST - ZIP	<b>Sarasota, FL 34232</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Sanz, David</b>	
3.3 STREET ADDRESS	<b>1901 West Cypress Creek Rd. Ste#102</b>	
3.4 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33309</b>	
4.1 TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Torrence, Laura</b>	
4.3 STREET ADDRESS	<b>353 Interstate Blvd</b>	
4.4 CITY - ST - ZIP	<b>Sarasota, FL 34240</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/96** **941-378-7400**

Date

Daytime Phone #

CR2E037 (12/95)