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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700000401

1. Corporation Name

SOUTHSIDE BUSINESS ASSOCIATION, INC.

Principal Place of Business									
6313 SOUT		HIGHWAY							

Mailing Address

6313 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90108 016 ****61.25



Sulfe, Apt. #, etc. 27		lace of Business	2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1996				
City & State City & State City & State City & State St. Certificate of Status Desired St. 75 Additional Fee Required S	21	# ata		26					
City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	_	#, etc.	•						
Zip Country Zip Country	City & Stat	6 2.25	City & State				\$8.75 Additional		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name CASOLARE, JOSEPH 8313 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and mailtain with, and accept the obligations of, Section 17,0509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the appropriate apert and the registered agent and the appropriate and and appropriate a	Zip		Zip	Zip Country		_			
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B313 SOUTH DIKE HIGHWAY WEST PALM BEACH FL 33405 B4 City FL B5 Zip Code T1. 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or private name of registered agent and time if explicable. (NOTE: Registered Agent signature required seven reinstative) D		3. Italie and Address of Ourient	registered Agont	81	Name		· · · · · · · · · · · · · · · · · · ·		
B313 SOUTH DIKE HIGHWAY WEST PALM BEACH FL 33405 B4 City FL B5 Zip Code T1. 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or private name of registered agent and time if explicable. (NOTE: Registered Agent signature required seven reinstative) D	CACOLAD	C JOSEPH			<u> </u>	man and the first Assessment			
WEST PALM BEACH FL 33405 84				82	82 Street Address (P.O. Box Number is Not Acceptable)				
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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.				83	83				
T. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, and agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Plorida Statutes. I am familiar with, and accept the obligations of Accept depathwe required when releasting to Accept depathwe required when releastin	WES! PAI	LM BEACH FL 33405						<u> </u>	
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SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D	office or r	egistered agent, or both, in the State of	Florida. Such change was auth-	onzed by	the corporatio	n's board of directors. I hereby accept th	e appointment a	is registered	
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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:



2/16/99.
Date Dayline Phone

CD2E037 (11/09