NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90115 047 ****61.25

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DOCUMENT#	N98000007	299

1. Corporation Name
DOWNTOWN LARGO MAIN STREET ASSOCIATION INC

	OWN LARGO MAIN STREET	ASSOCIATION INC.							
Drincinal Plac	o of Business	Mailing Address			1				
Principal Place of Business Mailing Address 395 1ST AVE. S.W. 395 1ST AVE. S.W. LARGO FL 33770 LARGO FL 33770									
2. Principal P	Place of Business	2a. Mailing Address	336		3. Date Incorporated or Qualifed				
21 5	3PD ST NW	26 PO POUX	20/2	<u> </u>	12/24/1998 4. FEI Number		I IA	plied For	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			59-3565411			ot Applicable	
City & Stat	. +	City & State	<u>~:</u>					Additional	,
	CONTI	- LARCED	-FL-	 -	5. Certificate of Status Desired	<u> </u>	Fee Ri	equired	
Zip 223	770 [25] U.S	29 33119 0326	Country		Election Campaign Financing Trust Fund Contribution			May Be to Fees	
24 00	9. Name and Address of Current	100 377 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u>. </u>		10. Name and Address of New R	egistered .	Agent		
	femine mile tither and at against	***************************************	. 81	Name					
MANSFIEL	D MARC	• •	82	Street Arkdre	ss (P.Q. Box Number is Not Acceptal	(etc			
395 1ST				151	3RD ST NW				
LARGO FI		•	83						
	2 33,13		84	City I no			85 Zio	Code	
			l i	~~~	<u> </u>	<u>FL</u>			
11. Pursuant	to the provisions of Sections 617.050; registered agent, or both, in the State of am familiar with, and accept the obligat	2 and 617.1508, Florida Statutes	, the above-	named corpo	ration submits this statement for the parties board of directors. I hereby accept	the appoin	changing its ntment as re	registered gistered	
agent la	am famillar with, and accept the obligat	ions of Section 617.0503. Florid	ia Statutes.	,0 00.po.a				·]	
								1	
SIGNATURE									=
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R		signature required		DATE			(86)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: R	legistered Agent i		When reinstating)	DATE			(11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AN	t and title if applicable. (NOTE: R D DIRECTORS	logistered Agent i		When reinstating)	DATE	D DIRECTO	ORS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered again OFFICERS AN D BORTOLINI, RON	t and title if applicable. (NOTE: R D DIRECTORS	13,	signature required	When reinstating)	DATE	D DIRECTO	ORS IN 12	F037
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signsture, typed or printed name of registered again OFFICERS AN D BORTOLINI, RON 706 16TH AVE. NW	t and title if applicable. (NOTE: R D DIRECTORS	13, 1.1 TITLE 1.2 NAME	signature required	When reinstating)	DATE	D DIRECTO	ORS IN 12	F037
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered again OFFICERS AN D BORTOLINI, RON	t and title if applicable. (NOTE: R D DIRECTORS	13, 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required	When reinstating)	DATE	D DIRECTO	ORS IN 12	F037
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Signsture, typed or printed name of registered again OFFICERS ANI D BORTOLINI, RON 706 16TH AVE. NW CLEARWATER FL 33756 D	and the Happecable. (NOTE: R D DIRECTORS	13, 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-	signature required	When reinstating)	DATE	D DIRECTO	DRS IN 12	F037
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signsture, typed or printed name of registered again OFFICERS ANI D BORTOLINI, RON 708 16TH AVE. NW CLEARWATER FL 33756 D MCMANUS, MARY	and the Happecable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	nignature required	When reinstating)	DATE	D DIRECTO	DRS IN 12	F037
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	D BORTOLINI, RON CLEARWATER FL 33756 D MCMANUS, MARY 79 OVERBROOK BLVD., #384	and the Happecable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREETA 1.4 CITY-ST- 2.1 TITLE 22 NAME 2.3 STREETA	NDORESS ADDRESS	When reinstating)	DATE	D DIRECTO	DRS IN 12	CR2E037 (11/98)
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CITY-ST-ZP

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 algorithms shall have the same legal effect as if made under eath; that I am an efficie 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:

MASICHIATUREZ REGALIRIZGANSET E LO
SIGNATURE AND TIPED OR PRINTED VAME OF SUSHING OFFICER OR DIRECTOR

4/14/99 127-584-2324

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