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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059033 (6)

1. Corporation Name

SOUTHERN ASSOCIATION MANAGEMENT, INC.

Principal Place of Business

3801 W LAKE MARY BLVD.
SUITE 119
LAKE MARY FL 32746

Mailing Address

3801 W LAKE MARY BLVD.
SUITE 119
LAKE MARY FL 32746-6187



3. Date Incorporated or Qualified

07/15/1996

3a. Date of Last Report

4. FEI Number

59-33 76117

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STROPOLI, MICHELLE
3801 W. LAKE MARY BLVD.
SUITE 119
LAKE MARY FL 32746

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Michelle Stropoli

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/28/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STROPOL, MICHELLE
STREET ADDRESS 405 COUNTRY WOOD CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ DELETE

NAME STROPOLI, JAMES
STREET ADDRESS 405 COUNTRY WOOD CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME Stropoli, Michele
1.3 STREET ADDRESS 116 W. Greentree Lane
1.4 CITY-ST-ZIP Lake Mary, FL 32746

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Stropoli, James
2.3 STREET ADDRESS 116 W. Greentree Lane
2.4 CITY-ST-ZIP Lake Mary, FL 32746

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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michelle Stropoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97
DATE

(407) 805-0712
Daytime Phone #

CR2E034 (9/96)