

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90024 027 ****61.25

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1. Entity Name

CRESENT HEIGHTS NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business

P.O. BOX 76051
 ST PETERSBURG FL 33734

Mailing Address

P.O. BOX 76051
 ST PETERSBURG FL 33734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-3757956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTS, STEPHANIE
860 24TH AVE
ST PETE FL 33704

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature) (Stephanie Pitts) 3/3/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ROBERT	
STREET ADDRESS	811 26TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BRANIN, MICHAEL	
STREET ADDRESS	535 28TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOMLINSON, JIM.	
STREET ADDRESS	602 24TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONROSE, BARBARA	
STREET ADDRESS	466 26TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie Pitts	
STREET ADDRESS	860 24th Ave N	
CITY-ST-ZIP	St Pete FL 33704	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Vorels	
STREET ADDRESS	442 25th Ave N	
CITY-ST-ZIP	St Pete FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature) (Stephanie Pitts) 3/3/04 824-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #