

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# N01000007410

Entity Name: CRESENT HEIGHTS NEIGHBORHOOD ASSOCIATION, INC

Current Principal Place of Business:

823 26TH AVENUE NORTH
ST PETERSBURG, FL 33734

New Principal Place of Business:

823 26TH AVENUE NORTH
ST PETERSBURG, FL 33704

Current Mailing Address:

P.O.BOX 76051
ST PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 59-3757956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATHEY, RITA
823 26TH AVENUE NORTH
SAINT PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITLATCH, SHANE
Address: 490 29TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VP () Delete
Name: YATES, MARY
Address: 834 26TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: TD () Delete
Name: TOMLINSON, JIM
Address: 602 24TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: SD () Delete
Name: CATHEY, RITA
Address: 823 27TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA CATHEY

SD

04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date