2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100007410

1. Entity Name

CRESENT HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90189 025 ****61.25

Principal Place of Business P.O.BOX 76051 ST PETERSBURG FL 33734		Mailing Address P.O.BOX 76051 ST PETERSBURG FL 33734		1 (0.00) (0.00) (0.00)	11 Han arki 40 ki 40 ki 80 ki 80 ki 40 ki	![]] 	2 48 (28)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59	4. FEI Number 59-3757956 Applied F			
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Add		
	6. Name and Address of Current F	Registered Agent		7. Name and Addr	ess of New Registered Ag			
PITTS, STEPHANIE 860 24TH AVE ST PETE FL 33704				Street Address (P.O. Box Number is Not Acceptable)				
8. The above the obligate	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent ar		City s registered office or re		FL ne State of Florida. I am far	Zip Code	į.	
			mpaign Financing	Added to Fees	Make Check Florida Departm	nent of S	State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTS, STEPHANIE 860 24TH AVE N SAINT PETERSBURG FL 33704	D Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	President Robert Da 811 August	015 0758 0140	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FANGUIAIRE, ANDREW 544 23RD AVE N SAINT PETERSBURG FL 33704	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Michael 1 535 28th 54 Pete F	Snanin Aur D 133704	Change —	Addition =	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOMLINSON, JIM 602 24TH AVE N SAINT PETERSBURG FL 33704	☐ Delete	TITLE + NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONROSE, BARBARA 466 26TH AVE N SAINT PETERSBURG FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С	_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ċ] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С] Change	Addition	

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:

3-24-03

821-3022