


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # N06000005616
 1. Entity Name
 SCENIC HEIGHTS NEIGHBORHOOD, INC.



Principal Place of Business
 1820 DEVRA DR.
 TALLAHASSEE, FL 32303

Mailing Address
 1820 DEVRA DR.
 TALLAHASSEE, FL 32303



01132008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 20-4986955

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FENDLER, BERNARD
 1837 DEVRA DR.
 TALLAHASSEE, FL 32303

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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: *B.S. Fendler* DATE: 01/15/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LARSEN, LINDA
STREET ADDRESS	1820 DEVRA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	GRADY, MICHAEL
STREET ADDRESS	2112 ALTON RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	POINTINGER, PAT
STREET ADDRESS	1841 DEVRA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	ELLIS, SUSIE
STREET ADDRESS	1822 DEVRA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/29/08-80079-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 ~~me~~ empowered.

SIGNATURE: *B.S. Fendler* DATE: 01/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR