FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N26794 (0)

1. Corporation Name

OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
RICK FIFER PO BOX 360022 TAMPA FL 33673 US	RICK FIFER PO BOX 360022 TAMPA FL 33673 US

3. Date Incorporated or Qualified: 06/06/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 OLD SEMINOLE HEIGHTS NEIGHBOR	26 OLD SEMINOLE HEIGHTS NEIGHBOR-
Suite, Apt. #, etc. HOOD ASSOC.	Suite, Apt. #, etc. HOOD ASSOC.
22 PO BOX 360022	27 PO BOX 360022
City & State	City & State
23 TAMPA FL	28 TAMPA FL
Zip / Country	Zip / Country
24 33637 25 US	29 33637 30 US

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FIFER, RICK 1214 E POWHATAN AVE TAMPA FL 33604	81 Name: A. EVAN ST. IVES 82 Street Address (P.O. Box Number is Not Acceptable): 1227 E. POWHATAN AVE 83 84 City: TAMPA FL 85 Zip Code: 33604

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: A. Evan St. Ives 1/25/96
Signature of, and typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	FIFER, RICK		1.2 NAME	A. EVAN ST. IVES	
STREET ADDRESS	1214 E POWHATAN AVE		1.3 STREET ADDRESS	1227 E. POWHATAN AVE.	
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY-ST-ZIP	TAMPA FL 33604	
TITLE	V	☐ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	ST. IVES, EVAN		2.2 NAME	KACY CURRY	
STREET ADDRESS	1227 E POWHATAN AVE		2.3 STREET ADDRESS	210 W. MOHAWK AVE.	
CITY-ST-ZIP	TAMPA FL 33604		2.4 CITY-ST-ZIP	TAMPA FL 33604	
TITLE	S	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	VOKLEY, KIM		3.2 NAME	JOCELYN MYERS	
STREET ADDRESS	5307 N SEMINOLE AVE		3.3 STREET ADDRESS	219 W. NORTH ST.	
CITY-ST-ZIP	TAMPA FL 33603		3.4 CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	☐ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	CURRY, KACY		4.2 NAME	RAYMOND REED	
STREET ADDRESS	210 W MOHAWK AVE		4.3 STREET ADDRESS	1421 HILTON PL.	
CITY-ST-ZIP	TAMPA FL 33604		4.4 CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	HUNTER, BILL		5.2 NAME	DOREEN DIBONA	
STREET ADDRESS	202 E NORTH ST		5.3 STREET ADDRESS	203 W. POWHATAN AVE.	
CITY-ST-ZIP	TAMPA FL 33604		5.4 CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	☐ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	GLUCKMAN, STEVE		6.2 NAME	400001715.49 -02/15/96--01029--022	
STREET ADDRESS	5114 N SUWANEE		6.3 STREET ADDRESS	***70.00	
CITY-ST-ZIP	TAMPA FL 33603		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Evan St. Ives 1/25/96 813-238-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AS 2-16-96