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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N26794 (0)

1. Corporation Name

OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOC PO BOX 360022 TAMPA FL 33673 US	OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOC PO BOX 360022 TAMPA FL 33673-0022 US

3. Date Incorporated or Qualified: 06/06/1988
3a. Date of Last Report: 02/11/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

A. EVAN ST.IVES
1227 E POWHATAN AVE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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

CR2E037 (9/96)

14. I do 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 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: _____ Raymond Reed 2/2/97 (813) 237-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049122