2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-21-2005 90122 013 ****61.24
N26794

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26794

1. Entity Name
OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 360022 TAMPA, FL 33673 `S	P.O. BOX 360022 TAMPA, FL 33673 `S

DO NOT WRITE IN THIS SPACE

02242005 No Chg-NP . CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTER, WILLIAM R
202 E. NORTH ST
TAMPA, FL 33604

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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 _____ DATE
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARON, RANDY
STREET ADDRESS	217 WEST COMANCHE AVENUE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	VP
NAME	HUNTER, WILLIAM R
STREET ADDRESS	202 EAST NORTH STREET
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	T
NAME	LONG, SUSAN W
STREET ADDRESS	921 EAST BROAD STREET
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	S
NAME	FOREMAN, CHRISTY
STREET ADDRESS	1203 EAST HENRY AVENUE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	T
NAME	BONA, DOREEN D
STREET ADDRESS	203 WEST POWHANTAN AVENUE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	T
NAME	GLUCKMAN, STEVE
STREET ADDRESS	5114 NORTH SUWANEE AVENUE
CITY-ST-ZIP	TAMPA, FL 33603

DO NOT WRITE IN THIS SPACE

3/29

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: [signature] Susan W Long, Treas 3/18/05 813-936-0227
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #