2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006
Secretary of State

DOCUMENT# N26794

Entity Name: OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 360022
TAMPA, FL 33673

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 360022
TAMPA, FL 33673

New Mailing Address:

FEI Number: 26-2869031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BARON, RANDY	
Address:	217 WEST COMANCHE AVENUE	
City-St-Zip:	TAMPA, FL 33604	
Title:	VP	( ) Delete
Name:	HUNTER, WILLIAM R	
Address:	202 EAST NORTH STREET	
City-St-Zip:	TAMPA, FL 33604	
Title:	T	( ) Delete
Name:	LONG, SUSAN W	
Address:	921 EAST BROAD STREET	
City-St-Zip:	TAMPA, FL 33604	
Title:	S	( ) Delete
Name:	FOREMAN, CHRISTY	
Address:	1203 EAST HENRY AVENUE	
City-St-Zip:	TAMPA, FL 33604	
Title:	T	( ) Delete
Name:	BONA, DOREEN D	
Address:	203 WEST POWHANTAN AVENUE	
City-St-Zip:	TAMPA, FL 33604	
Title:	T	( ) Delete
Name:	GLUCKMAN, STEVE	
Address:	5114 NORTH SUWANEE AVENUE	
City-St-Zip:	TAMPA, FL 33603	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	FREEMAN, CHRISTY	
Address:	6005 N. FLORA VISTA	
City-St-Zip:	TAMPA, FL 33604	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN W. LONG T 05/22/2006

Electronic Signature of Signing Officer or Director — Date