

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26794

FILED
Mar 29, 2007
Secretary of State

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:

217 W. COMANCHE AVE
TAMPA, FL 33604

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 ()

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: FREEMAN, CHRISTY
Address: 6005 N. FLORA VISTA
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: TR (X) Change () Addition
Name: HUNTER, WILLIAM R
Address: 202 EAST NORTH STREET
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: DIBONA, DOREEN D
Address: 203 WEST POWHANTAN AVENUE
City-St-Zip: TAMPA, FL 33604

Title: VP (X) Change () Addition
Name: HESS, CHRISTIE
Address: 1011 E. BROAD ST.
City-St-Zip: TAMPA, FL 33604

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

03/29/2007

Electronic Signature of Signing Officer or Director

Date