2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2010
Secretary of State

DOCUMENT# N26794

Entity Name: OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1006 E. IDDLEWILD
TAMPA, FL 33604

New Principal Place of Business:

202 E NORTH ST
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: TREA
Name: SIMON, CATHY
Address: 5912 N BRANCH AVE
City-St-Zip: TAMPA, FL 33604

Title: TRUS
Name: DIBONA, DOREEN
Address: 202 W POWHATAN AVE
City-St-Zip: TAMPA, FL 33604

Title: PRES
Name: HICKS, SHAWN
Address: 1003 E. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33604

Title: SEC
Name: HUNTER, WILLIAM
Address: 202 E NORTH ST
City-St-Zip: TAMPA, FL 33604

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

Title: VP
Name: ST. IVES, EVAN
Address: 1227 E. POWHATAN
City-St-Zip: TAMPA, FL 33604

I hereby 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 all other like empowered.

SIGNATURE: CATHY SIMON TREA 01/26/2010
Electronic Signature of Signing Officer or Director Date