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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007164

1. Corporation Name
CROMWELL HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

* 6 8 609836 - 90012 - 29 6 *

Principal Place of Business 1324 1/2 18TH AVE. SOUTH ST. PETERSBURG FL 33705	Mailing Address 1324 1/2 18TH AVE. SOUTH ST. PETERSBURG FL 33705
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/18/1998
22 City & State	27 City & State	4. FEI Number 59-3537015
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent HARDY, JASPER 1324 1/2 18TH AVE. SOUTH ST. PETERSBURG FL 33705	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when retaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE PRESIDENT	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
NAME D JASPER LEE HARDY	1.2 NAME	1.2 NAME	
STREET ADDRESS 1324 1/2 18th Ave. So.	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETE, FL 33705	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE VICE PRESIDENT	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
NAME D JEROME B. SMITH	2.2 NAME	2.2 NAME	
STREET ADDRESS 1534 18th Ave. So.	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETE, FL 33705	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE SECRETARY	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
NAME D MARIE DAVIS SIMPKINS	3.2 NAME	3.2 NAME	
STREET ADDRESS 2010 13th St. So.	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETE, FL 33705	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE TREASURE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
NAME D JAMES E. JACKSON	4.2 NAME	4.2 NAME	
STREET ADDRESS 2127 14th St. So.	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETE, FL 33705	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. 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 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 in Block 13 if added, with an address, with all other information required.

SIGNATURE: STAMPER REARDY VICE PRESIDENT JULY 29, 1999 (727) 823-1167
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)