

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90307 041 ****61.25

DOCUMENT # N98000007164

1. Entity Name

CROMWELL HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1324 1/2 18TH AVE. SOUTH
 ST. PETERSBURG FL 33705

1324 1/2 18TH AVE. SOUTH
 ST. PETERSBURG FL 33705-2538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3537015

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDY, JASPER
 1324 1/2 18TH AVE. SOUTH
 ST. PETERSBURG FL 33705

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Jasper L Hardy
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARDY, JASPER L	
STREET ADDRESS	1324 1/2 18TH AVE SO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SMITH, JEROME B	
STREET ADDRESS	1534 18TH AVE SO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SIMPKINS, MARIE D	
STREET ADDRESS	2010 13TH ST SO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES E	
STREET ADDRESS	2127 14TH ST SO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James E Jackson, Sr
SIGNATURE: JAMES E. JACKSON, SR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 00
 Date

(727) 894-8234
 Daytime Phone #

CR2E037 (9/99)