FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

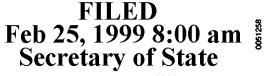
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N27820

1. Corporation Name

Principal Place of Business	Mailing Address
4131 GUNN HWY	4131 GUNN HWY
TAMPA FL 33624	TAMPA FL 33624
US	US



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HEATHE	H DOWNS NEIGHBORHOOL	J ASSUCIATION, INC.							
Oringinal Plac	a of Business	Mailing Address						-	
Principal Place of Business 4131 GUNN HWY TAMPA FL 33624 US Mailing Address 4131 GUNN HWY TAMPA FL 33624 US US									
————	Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed 08/09/1988			
Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Number	Api	plied For	
22	ii, 0.0.	27				65-0166915		t Applicable	
City & Stat	le	City & State	····	-		5. Certificate of Status Desired	\$8.75 A		
23		28						quired	
Zip	Country	Zip	Coun □	try		6. Election Campaign Financing	\$5.00		
24	9. Name and Address of Current	29 3	01			Trust Fund Contribution 10. Name and Address of New Registere	Added to	o rees	
	3. Name and Address of Current	r vefisteren when		B1 Nam	е	Tallo dila Fadi coo di Moli Roginale			
ODEENAC	CRE PROPERTIES INC		ļ.			(D.O. Boy Myster in Med Accordable)			
	NN HIGHWAY		ľ	B2 Stree	at Addre	ss (P.O. Box Number is Not Acceptable)			
TAMPA FI			ļ	B3					
170MI 7CTT	L 30024		Ļ	84 City			. 85 Zip C	Code	
						ration submits this statement for the purpose	'L		
SIGNATURE	am familiar with, and accept the obligat	t and title if applicable. (NOTE: R	egistered A		benlupen e	when reinstating) DATE	AND DIDEOTO	DC IN 42	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS		Addition	
TITLE	STD	☐ DELETE	1.1 TITL				Change	☐ Addicion	
NAME	RITTER, ANDREW		1.2 NAA	RE EET ADDRES	جعنا	04 Heather Gien Ct.			
STREET ADDRESS	1		1	EET AUUKES (-ST-ZIP	8 00				
CITY-ST-ZIP TITLE	VP/D	DELETE	2.1 TITL		 		☐ Change	☐ Addition	
NAME	STINE, JOHN		2.2 NAN						
STREET ADDRESS	ATAKA LIEKTUED OAK OL		2.3 STR	EET ADORES	is				
CITY-ST-ZIP	TAMPA FL 33647		2.4 CIT	Y-ST-ZIP					
TITLE	P/D	☐ DELETE	3.1 TITE	E		_	☐ Change	Addition	
NAME	FIFNER, DAVID		3.2 NAA	Æ		·			
STREET ADDRESS			3.3 STR	EET ADDRES	iS .				
CITY-ST-ZIP	TAMPA FL 33647	O DELETE.	-	Y-ST-ZIP	+		Change	Addition	
TITLE	R I BL	☐ DELETE	4.1 TITL		P	Detail	Onlingo	Anadaman	
NAME	BOOK CATTER CHE	ıCi−,	4. 2 NA	ME REET ADDRES		206 Hertner Glen Ct. ampa, Fr. 33647			
STREET ADDRÉSS CITY-ST-ZIP	Tampa, Fa 33647			Y-ST-ZIP	7	amoz, Fr 33647			
TITLE	7	☐ DELETE	5.1 TITL		 ''		Change	☐ Addition	
NAME			5.2 NAA	Æ					
STREET ADDRESS			5.3 STR	EET ADDRES	೫			-	
CITY-ST-ZIP			<u> </u>	Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL				Change	Addition	
NAME			6.2 NAM					•	
STREET ADDRESS	:		6.3 STF	EET ADDRES	S				

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 on an attachment with an address, with all other like empowered.

SIGNATURE: