2001 UNIFORM BUSINESS REPORT (UBR)

Sep 18, 2001 8:00 am Secretary of State DOCUMENT # N0000000628 1. Entity Name 09-18-2001 90009 040 ****61.25 LAKE EUCLID NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 7324 1818 29 AVE NORTH AUU0bbb1 ST PETERSBURG FL 33734 ST PETERSBURG FL 33734 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3564076 Not Applicable Zip 5. Certificate of Status Desired ___ Bollow Fee Required Country Country \$8.75 Additional 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Baptista Michael Street Address (P.O. Box Number is Not Acceptable) COLLINS, DALLAS R 2400 18 STREET ST PETERSBURG FL 33713 Zip Code St. Petersburg 33713 8. The above named entity submits this statement for the nurpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE Change TITLE Bootista, Michael COLLINS, DALLAS R NAME NAME 2400 18 ST STREET ADDRESS STREET ADDRESS 33713 St. Pute TY CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Delete TITLE TITLE Change ☐ Addition Hamilton, Karen 2000 17 STN. 54 Peter FC 33 BAPTISTA. MICHAEL NAME NAME 1767, 27 AVE NORTH STREET ADDRESS STREET ADDRESS 33713 CITY-ST-ZIP ST PETERSBURG FL 33713 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition HAMILTON, KAREN NAME NAME STREET ADDRESS 2600 17 ST NORTH STREET ADDRESS 337/3 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 TD Delete TITLE ☐ Change ☐ Addition TITLE Hamilton, Bob 2600 17 STN STANLEY, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 2417 19 ST NORTH 5t. Pete TY 33713 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 TITLE ☐ Delete TITLE ☐ Change ☐ Addition Mercer Cissy N. NAME HAMILTON, BOB MARAE STREET ADDRESS 2600 17 ST NORTH STREET ADDRESS 4. Put 17 33713 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 Delete William Cullen ☐ Change Addition TITLE TITLE 1710 AST AVEL NAME MERCER, CISSY NAME STREET ADDRESS 2945 20 ST NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713

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:

822-837/1.