

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000005625

Entity Name: BOWMAN HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**1715 W KATHLEEN ST
TAMPA, FL 33607**Current Mailing Address:**1715 W KATHLEEN ST
TAMPA, FL 33607**FEI Number: 84-1935490****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HAMASHIN, CHELSEA E
1715 W KATHLEEN ST
TAMPA, FL 33607 US*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**Officer/Director Detail :**

Title	P
Name	DIMAIO, VICTOR
Address	3112 N ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	MOORE, ANDREW
Address	1901 W AILEEN ST
City-State-Zip:	TAMPA FL 33607

Title	SEC
Name	HAMASHIN, CHELSEA
Address	1715 W KATHLEEN ST
City-State-Zip:	TAMPA FL 33607

Title	TRES
Name	OKEN, LEE
Address	3202 N ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	DIR
Name	PRIETO, EVELIO
Address	3220 N ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	DIR
Name	DUCOS, CANDACE
Address	1701 W AILEEN ST
City-State-Zip:	TAMPA FL 33607

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: DIMAIO , VICTOR**P****04/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date