

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26794

Entity Name: OLD SEMINOLE HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Jan 31, 2014
Secretary of State
CC9123839549**Current Principal Place of Business:**202 EAST NORTH STREET
TAMPA, FL 33604**Current Mailing Address:**P.O. BOX 360022
TAMPA, FL 33673**FEI Number: 59-3359933****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HUNTER, WILLIAM R
202 E. NORTH ST
TAMPA, FL 33604 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	PRESIDENT
Name	JOHNSON, DEBI
Address	504 EAST FRIERSON AVENUE
City-State-Zip:	TAMPA FL 33603-2224

Title	SECRETARY
Name	HUNTER, WILLIAM R
Address	202 EAST NORTH STREET
City-State-Zip:	TAMPA FL 33604-6157

Title	TREASURER
Name	ST. IVES, ANTHONY
Address	1227 EAST POWHATAN AVENUE
City-State-Zip:	TAMPA FL 33604-7231

Title	TRUSTEE
Name	ANN, MCDONALD K
Address	5605 NORTH 9TH STREET
City-State-Zip:	TAMPA FL 33604-7136

Title	VP
Name	BINGHAM, SUSAN S
Address	1223 EAST HANNA AVENUE
City-State-Zip:	TAMPA FL 33604-6819

Title	TRUSTEE
Name	RANCK, RICH
Address	116 WEST COMANCHE AVENUE
City-State-Zip:	TAMPA FL 33603

Title	TRUSTEE
Name	CURTIS, GREG
Address	121 WEST MOWHAWK AVENUE
City-State-Zip:	TAMPA FL 33604

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: ANTHONY E. ST. IVES**TREASURER****01/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date