

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005851

Entity Name: EUCLID/ST. PAUL'S NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**1200 22ND AVE N
ST PETERSBURG, FL 33704**Current Mailing Address:**PO BOX 76054
ST PETERSBURG, FL 33734**FEI Number: 59-3427167****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SAVORETTI, TYSON A
1200 22ND AVE N
ST PETERSBURG, FL 33704 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: TYSON SAVORETTI****01/16/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCRONCE, CHRIS
Address PO BOX 76054
City-State-Zip: ST PETERSBURG FL 33734

Title VP
Name GELB, BENJAMIN
Address PO BOX 76054
City-State-Zip: ST PETERSBURG FL 33734

Title TREASURER
Name SAVORETTI, TYSON
Address PO BOX 76054
City-State-Zip: ST PETERSBURG FL 33734

Title SECRETARY
Name BASNETT, MEGAN
Address PO BOX 76054
City-State-Zip: ST PETERSBURG FL 33734

Title PRESIDENT EMERITUS
Name KOTSKO, MEGAN
Address PO BOX 76054
City-State-Zip: ST PETERSBURG FL 33734

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: TYSON SAVORETTI**TREASURER****01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date