

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000128

**Entity Name:** BARTLETT PARK NEIGHBORHOOD REDEVELOPMENT, L.C.

**Current Principal Place of Business:**

1600 DR. MARTIN L. KING STREET S.  
C/O ST. PETERSBURG NEIGHBORHOOD HOUSING  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

1600 DR. MARTIN L. KING STREET S.  
C/O ST. PETERSBURG NEIGHBORHOOD HOUSING  
ST. PETERSBURG, FL 33701

**FEI Number:** 59-3495254

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SCANLAN, DEBORAH F  
1600 DR. MARTIN L. KING STREET S.  
ST. PETERSBURG, FL 33701 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

**Authorized Person(s) Detail :**

Title P  
Name SCANLAN, DEBORAH F  
Address 4401 14 ST NE  
City-State-Zip: SAINT PETERSBURG FL 33703

Title CD  
Name WILLIAMS, LARRY  
Address 400 12TH AVE. N.  
City-State-Zip: SAINT PETERSBURG FL 33701

Title TD  
Name DEPUUGH, R. V.  
Address 2164 15TH CIRCLE N.  
City-State-Zip: ST. PETERSBURG FL 33713

Title SD  
Name ALLEN, MARY WYATT M  
Address 4001 ALABAMA AVE NE  
City-State-Zip: SAINT PETERSBURG FL 33703

Title VC  
Name HAMER, JANET R  
Address 520 OCEAN DUNES ROAD  
City-State-Zip: DAYTONA BEACH FL 32118

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH F. SCANLAN

**PRESIDENT**

**01/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date