



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90058 035 \*\*\*\*61.25

<b>DOCUMENT # 726684</b> 1. Entity Name <b>THE GREATER PINELLAS POINT CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 16502 ST. PETERSBURG, FL 33733-502 US</b>			Mailing Address <b>P.O. BOX 16502 ST. PETERSBURG, FL 33733-502 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>23-7306346</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEMBKE, GERALD M 751 PINELLAS POINT DRIVE S. SAINT PETERSBURG, FL 33705</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LEMBKE, GERALD</b> <b>751 PINELLAS POINT DR SOUTH</b> <b>ST. PETERBURG, FL 33705</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCARPRTTA, MARILYN</b> <b>7319 14TH STREET SOUTH</b> <b>ST PETERSBURG, FL 33705</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAGG, JOHN</b> <b>218 COLONY ROAD SOUTH</b> <b>SAINT PETERSBURG, FL 33705</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HAWKINS, BARBARA</b> <b>2664 60TH AVE S</b> <b>SAINT PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BENSON, D. KAY</b> <b>1892 62ND TERRACE S.</b> <b>ST. PETERSBURG, FL 33712</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JENET, CLAUDE</b> <b>2690 59TH AVE S.</b> <b>ST. PETERSBURG, FL 33712</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I am empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>5-18-07</b> Days/Mo/Phone #: <b>(727) 864-6118</b>		

# ATTACHMENT

40117216

DOCUMENT # 726684

GREATER PINELLAS POINT CIVIC ASSOCIATION, INC.

## Block 11 OFFICERS AND DIRECTORS (continued)

TITLE D  
NAME Cox, Maren  
STREET ADDRESS 1053 Serpentine Dr. S.  
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE D  
NAME Good, Ed  
STREET ADDRESS 6883 16th Way S.  
CITY-ST-ZIP St. Petersburg, FL 33712

TITLE D  
NAME Hood, Peter  
STREET ADDRESS 1262 Murok Way S.  
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE D  
NAME Bennett, Jodi  
STREET ADDRESS 5927 4<sup>th</sup> St. S.  
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE D  
NAME Scarpetta, Frank  
STREET ADDRESS 7319 14th St. S.  
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE D  
NAME Dohren, Roger  
STREET ADDRESS 687 68<sup>th</sup> Ave. S.  
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE D  
NAME Schwartz, Sheldon  
STREET ADDRESS 371 Colony Point Road S.  
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE D  
NAME Irwin, Jodi  
STREET ADDRESS 6645 30<sup>th</sup> St. S.  
CITY-ST-ZIP St. Petersburg, FL 33712

TITLE D  
NAME Mills, Jacqueline  
STREET ADDRESS 439 60<sup>th</sup> Ave. S.  
CITY-ST-ZIP St. Petersburg, FL 33705