

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **730197** (1)

1. Corporation Name

NORTHSHORE NEIGHBORHOOD ASSOCIATION OF ST. PETER SBURG, INC.



Principal Place of Business

Mailing Address

P O BOX 76324
ST PETERSBURG FL 33734-3324

P O BOX 76324
ST PETERSBURG FL 33734-3324

3. Date Incorporated or Qualified 07/15/1974	3a. Date of Last Report 04/18/1995
4. FEI Number 23-7405683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 33734-6324 25	29 33734-6324 30

9. Name and Address of Current Registered Agent

**MCGARVEY, JAMES E
647 FIRST AVE N
300 15TH AVE NE OR
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when removing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, TIMOTHY J	
STREET ADDRESS	305 8TH AVE. NE.	
CITY-ST-ZIP	ST PETE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURNS, CARY	
STREET ADDRESS	1625 1ST ST. NE.	
CITY-ST-ZIP	ST PETE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUDIN, ERICA	
STREET ADDRESS	210 23RD AVENUE, N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGARVEY, JAMES E	
STREET ADDRESS	300 15TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Burns, Cary	
1.3 STREET ADDRESS	1625 First St. NE., St. Pete FL 33704	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cerminaro, Deborah	
2.3 STREET ADDRESS	240 Ninth Ave. N., St. Pete FL 33701	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fox, Kerry	
3.3 STREET ADDRESS	250 Eighth Ave. N., St. Pete FL 33701	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Mc Garvey, Treasurer 4/8/96. 813-582-7906

CR2E037 (12/95)