

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 19 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730197 (1)**  
 1. Corporation Name  
**NORTHSHORE NEIGHBORHOOD ASSOCIATION OF ST. PETER SBURG, INC.**

Principal Place of Business P O BOX 76324 ST PETERSBURG FL 33734-324 US	Mailing Address P O BOX 76324 ST PETERSBURG FL 33734-324 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/15/1974</b>	3a. Date of Last Report <b>04/12/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number <b>23-7405683</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCGARVEY, JAMES E**  
**647 FIRST AVE N**  
**300 15TH AVE NE**  
**ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
 81 Name **TIMOTHY J. BAKEN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**305 8TH AVE NE**  
 83  
 84 City **ST. PETERSBURG** FL 85 Zip Code **33701**

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 office 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: *[Signature]* 7/1/1997  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	BURNS, CARY	<input checked="" type="checkbox"/>
STREET ADDRESS	1625 FIRST ST NE	
CITY-ST-ZIP	ST PETE FL	
TITLE	VD	<input type="checkbox"/>
NAME	BURNS, CARY	<input checked="" type="checkbox"/>
STREET ADDRESS	1625 1ST ST. NE.	
CITY-ST-ZIP	ST PETE FL	
TITLE	SD	<input type="checkbox"/>
NAME	FOX, KERRY	<input checked="" type="checkbox"/>
STREET ADDRESS	250 EIGHTH AVE N	
CITY-ST-ZIP	ST PETE FL	
TITLE	TD	<input type="checkbox"/>
NAME	MCGARVEY, JAMES E	<input checked="" type="checkbox"/>
STREET ADDRESS	300 15TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/>
NAME	CERMINARO, DEBORAH	<input checked="" type="checkbox"/>
STREET ADDRESS	240 NINTH AVE N	
CITY-ST-ZIP	ST PETE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DEBORAH CERMINARO NIA		<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	PO BOX 1618		
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33731		
2.1 TITLE	PRESIDENT-ELECT VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	LANE LASTINGER		<input checked="" type="checkbox"/>
2.3 STREET ADDRESS	155 9TH AVE NE		
2.4 CITY-ST-ZIP	ST PETERSBURG FL 33701		
3.1 TITLE	TREASURER TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	TIMOTHY J. BAKEN		<input checked="" type="checkbox"/>
3.3 STREET ADDRESS	305 8TH AVE NE		
3.4 CITY-ST-ZIP	ST PETERSBURG FL 33701		
4.1 TITLE	SECRETARY SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	KIM SANTIESTERAN		<input checked="" type="checkbox"/>
4.3 STREET ADDRESS	185 27TH AVE. N		
4.4 CITY-ST-ZIP	ST PETERSBURG FL 33704		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE REQUIRED TIMOTHY J. BAKEN 7/1/1997 8138948706

CR2E037 (4/97)