

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 <b>P O BOX 76324 ST PETERSBURG FL 33734-324 US</b>	Mailing Address <b>P O BOX 76324 ST PETERSBURG FL 33734-324 US</b>
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3. Date Incorporated or Qualified <b>07/15/1974</b>	
4. FEI Number <b>23-7405683</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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  
**BAKER, TIMOTHY J  
505 8TH AVE NE  
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
**81 Name James J. O'Donnell  
82 Street Address (P.O. Box Number is Not Acceptable) 405 10 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: *James J. O'Donnell* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD LASTINGER, LANE	<input checked="" type="checkbox"/>
NAME	155 9TH AVE NE	
STREET ADDRESS	ST PETERSBURG FL	
CITY - ST - ZIP		
TITLE	TD BAKER, TIMOTHY J	<input checked="" type="checkbox"/>
NAME	305 8TH AVE NE	
STREET ADDRESS	ST PETERSBURG FL	
CITY - ST - ZIP		
TITLE	SD SANTESTERAN, KIM	<input checked="" type="checkbox"/>
NAME	185 27TH AVE N	
STREET ADDRESS	ST PETERSBURG FL	
CITY - ST - ZIP		
TITLE	PD CERMINARO, DEBORAH	<input checked="" type="checkbox"/>
NAME	P O BOX 1818 N/A	
STREET ADDRESS	ST PETERSBURG FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Lastinger, Lane		
1.3 STREET ADDRESS	155 9th Ave. NE		
1.4 CITY - ST - ZIP	St. Petersburg, Fl. 33701		
2.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	O'Donnell James J.		
2.3 STREET ADDRESS	405 10th Ave.		
2.4 CITY - ST - ZIP	St. Petersburg, Fl. 33701		
3.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Wertz, Rob		
3.3 STREET ADDRESS	255 9th Ave NE		
3.4 CITY - ST - ZIP	St. Petersburg, Fl. 33701		
4.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Lange, Mary Alice		
4.3 STREET ADDRESS	526 15 th Ave NE		
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 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: *James J. O'Donnell* O'Donnell, Treasurer, 2/13/98 813-894-2178

CR2E037 (10/97)