

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90041 028 ****61.25



DOCUMENT # 740234		1. Entity Name	
GUARDIAN ASSOCIATION OF PINELLAS COUNTY, INC.			
Principal Place of Business		Mailing Address	
P.O. BOX 1826 PINELLAS PARK FL 33780 US		P.O. BOX 1826 PINELLAS PARK FL 34664-1826 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For	
59-1769588		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JEANNETTE ANDERSON 540 CARILLON PARKWAY APT 1053 SAINT PETERSBURG FL 33716		Name: Jeannette Anderson	
		Street Address (P.O. Box Number is Not Acceptable): 206 Valencia Circle	
		City: St. Petersburg FL Zip Code: 33716	

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: *Jeannette Anderson* January 19, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	NAME: PASTORE, CORREY	TITLE:	NAME:
STREET ADDRESS: 1782 BRIGHTWATER BLVD NE	CITY-STATE-ZIP: ST PETERSBURG FL 33704	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: VD	NAME: HICKS, DONNA	TITLE:	NAME:
STREET ADDRESS: 6800 NINTH AVE N	CITY-STATE-ZIP: SAINT PETERSBURG FL 33710	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: SD	NAME: HALL, PATRICIA	TITLE:	NAME:
STREET ADDRESS: 701 PASADONA AVE S-UNIT 1	CITY-STATE-ZIP: SAINT PETERSBURG FL 33707	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: T	NAME: ANDERSON, JEANNETTE	TITLE:	NAME:
STREET ADDRESS: 540 CARILLON PARKWAY - APT 1053	CITY-STATE-ZIP: SAINT PETERSBURG FL 33716	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: D	NAME: UGAN, SUSAN	TITLE:	NAME:
STREET ADDRESS: 1984 MASSACHUTTS AVE NE	CITY-STATE-ZIP: ST PETERSBURG FL 33716	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	STREET ADDRESS:	CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: *Jeannette Anderson* January 19, 2007 572-5808
Signature, typed or printed name of signing officer or director