

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0001990

DOCUMENT # 751597

1. Entity Name

NORTHWEST TALLAHASSEE NEIGHBORHOOD ASSOCIATION, INC.



FILED

03 SEP 10 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1907 IVAN DRIVE
TALLAHASSEE FL 32303

Mailing Address

1907 IVAN DRIVE
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2400905

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDANIEL, HAYNES A
1907 IVAN DRIVE
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME GORDEY, ANN
STREET ADDRESS 1827 AARON DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☐ Change ☒ Addition
NAME KENT HUTCHENSON
STREET ADDRESS 911 SAN LUIS RD
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE V ☒ Delete
NAME CASTINE, WILLIAM
STREET ADDRESS 1122 LINWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ Change ☒ Addition
NAME SHARON SCHWERZEL
STREET ADDRESS 2408 SAN PEDRO DR
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE V ☒ Delete
NAME CASTINE, KAY
STREET ADDRESS 1122 LINWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ Change ☒ Addition
NAME JIM OLIGNEY
STREET ADDRESS 1111 DOMENGO DR
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE T ☐ Delete
NAME ANDERSON, MONICA
STREET ADDRESS 1302 SAN LUIS ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME 100023366171
STREET ADDRESS 09/26/03--01072--012 **\$61.21
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCDANIEL, HAYNES A
STREET ADDRESS 1907 IVAN DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME STUCKS, ALLEN
STREET ADDRESS 2414 MEXIA DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Monica Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/9/2003 Daytime Phone # 224-10004

CR2E037 (4/03)