

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762526

FILED  
Jul 05, 2006  
Secretary of State

**Entity Name:** 13TH STREET HEIGHT NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1601 12TH STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

1601 12TH STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MUDADA, KIAMBU  
1065 16TH AVENUE SOUTH  
ST. PETERSBURG, FL 33705 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MUDADA, KIAMBU PD  
Address: 1065 16TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VP ( ) Delete  
Name: DAVIS, MARIE VP  
Address: 1537 13TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: S ( ) Delete  
Name: CROSBY, ALMA S  
Address: 1619 12TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: T ( ) Delete  
Name: JENKINS, BETTY T  
Address: 1544 13TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: GULLIAM, DOROTHY T  
Address: 1527 13TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: ROBINSON, LOVETTE TR  
Address: 1300 13TH AVE S  
City-St-Zip: ST. PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIAMBU MUDADA

P

07/05/2006

Electronic Signature of Signing Officer or Director

Date