

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768809

FILED
May 08, 2007
Secretary of State

Entity Name: HILLSBOROUGH COUNTY NEIGHBORHOOD WATCH ASSOCIATION, INC.

Current Principal Place of Business:

909 ACADEMY DR
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

909 ACADEMY DR
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 59-2324347 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

NUTTER, BROOK
2008 8TH AVE.
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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: P () Delete
Name: BATES, NICK
Address: 909 ACADEMY DR
City-St-Zip: BRANDON, FL 33511

Title: VP () Delete
Name: GREEN, CHARLES SR
Address: 8426 PINWOOD ST.
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MORGAN, LOIS
Address: 9113 MCMILLIAN LN
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: PEERY, LINDA
Address: 6506 APPALOSSA
City-St-Zip: TAMPA, FL 33625

Title: T () Delete
Name: FEDON, LOIS
Address: 8809 FOUNTAIN CLUB BLVD
City-St-Zip: TAMPA, FL 33635

Title: S () Delete
Name: ATKISON, KEN
Address: 8806 WELLINGTON
City-St-Zip: TAMPA, FL 33635

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
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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 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: NICK BATES

P

05/08/2007

Electronic Signature of Signing Officer or Director

Date