

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90073 018 ****61.25

DOCUMENT # N00000000152

1. Entity Name

ASHINGTON NEIGHBORHOOD ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10033 Ninth Street N.

3. Mailing Address

10033 Ninth Street N.

Suite, Apt. #, etc.

Second Floor

Suite, Apt. #, etc.

Second Floor

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3635848

Applied For

Not Applicable

Zip

33716

Country

USA

Zip

33716

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Rampart Properties, Inc.

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

10033 Ninth Street North

Second Floor

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.

SIGNATURE

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

Billy K. Osburn

04/29/02

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Leonard Pacholec
10033 Ninth Street North
St. Petersburg, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
John Mattiace
10033 Ninth Street North
St. Petersburg, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Pat Murrin
10033 Ninth Street North
St. Petersburg, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Richard Hoerbelt
10033 Ninth Street North
St. Petersburg, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

L.S. Pacholec MD - Pres. Ashington (813) 972 2627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)