2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2004 8:00 am Secretary of State

03-08-2004 90036 001 ****61.25

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DOCUMENT # N00000003899 JUNGLE PRADA NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 54015550 540 - 4TH STREET NORTH 540 - 4TH STREET NORTH ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022004 CR2E037 (10/03) City & State City & State FEI Number 59-3655220 Applied For Not Applicable Country \$8.75 Additional .s. Certificate of Status Desired = ∞ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYRNE, JAMES A ESQ: Street Address (P.O. Box Number is Not Acceptable) 540 - 4TH STREET NORTH ST. PETERSBURG, FL 33701 City 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE TITLE ☐ Delete ☐ Change - Addition NAME TRAXLER, DIANE NAME 1336 COUNTRY CLUB RD. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33710 CITY-ST-ZIP TD Delete Change Addition NAME ALLEN, LEE MAME STREET ADDRESS 8155 ELBOW LANE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33710 CITY-ST-ZIP Delete TITLE TITLE PETRUSCHKE, DOROTHY NAME STREET ADDRESS 1420 JUNGLE AV N STREET ADDRESS CITY-ST-7IP ST. PETERSBURG, FL 33710 CITY-ST-ZIP TITLE VD Delete TITLE ■ Addition BYRNE, JAMES A NAME 540 - 4TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33701 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP Delete UTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P

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

SIGNATURE: