

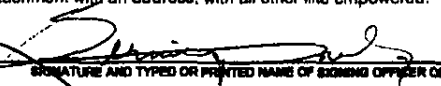


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N02000000540			
1. Entity Name LAKE MAGGIORE SHORES NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 1434 23RD AVE SOUTH ST. PETERSBURG, FL 33705	Mailing Address 1434 23RD AVE SOUTH ST. PETERSBURG, FL 33705		
DO NOT WRITE IN THIS SPACE			
		02182008 No Chg-NP CR2E037 (4/08)	
		4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
DARLING, BERNICE 1434 23RD AVE SOUTH ST. PETERSBURG, FL 33705		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		DATE 04/03/08-80088-007 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARLING, BERNICE 1434 23RD AVE SOUTH ST. PETERSBURG, FL 33705		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATES, VIOLA 1520-26TH AVE.SOUTH ST. PETERSBURG, FL 33705		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDERS, DEBORAH 2309-13TH ST SOUTH ST. PETERSBURG, FL 33705		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTER, DAPHNE 1301-26TH AVE.SOUTH ST. PETERSBURG, FL 33705		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			