

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90048 038 ****61.25

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|---|---|--|--|---|--|
| DOCUMENT # N02000000974 | | | | | |
| 1. Entity Name THE NORTH NEIGHBORHOOD ASSOCIATION, INC. | | | | | |
| Principal Place of Business 777 S HARBOUR ISLAND BLVD. STE. 270 TAMPA, FL 33602 US | | | Mailing Address 777 S HARBOUR ISLAND BLVD. STE. 270 TAMPA, FL 33602 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01062006 Chg-NP CR2E037 (11/05) | |
| 4. FEI Number 61-1405452 | | | | 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 CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD., STE. 270 TAMPA, FL 33602 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | City | |
| FL | | | | 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 <u>Kathy Bramhall, LCAM</u> | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | |
| \$5.00 May Be Added to Fees | | | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEISSER, RON 1014 ROYAL POSS WAY TAMPA, FL 33602 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| DP MEININGER, STEVE 1033 NORMANDY TRACE RD TAMPA, FL 33602 | <input checked="" type="checkbox"/> Delete | Treasurer James Constantino 607 Tropical Breeze Way Tampa, FL 33602 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| S WILSON, GEORGE 371 CHANNELSIDE WALKWAY, #504 TAMPA, FL 33602 | <input checked="" type="checkbox"/> Delete | President Christine Damian 817 Normandy Trace Rd. Tampa, FL 33602 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| T BRANTLEY, LEIGH 302 KNIGHTS RUN AVE., STE. 100 TAMPA, FL 33602 | <input type="checkbox"/> Delete | Secretary Leigh Brantley | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| VP TEBES, STEVE 1000 NORMANDY TRACE RAD TAMPA, FL 33602 | <input checked="" type="checkbox"/> Delete | Vice President Ed Atzenhoefer 700 S. Harbour Island Blvd., Unit 601 Tampa, FL 33602 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 617, 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: <u>[Signature]</u> | | | Date <u>8/3-2009-9300</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |