
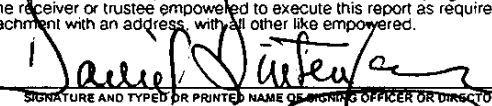


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90196 038 ****61.25

DOCUMENT # N02000000975 1. Entity Name THE SOUTH NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602			Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02132008 Chg-NP CR2E037 (12/06)	
4. FEI Number 61-1405451				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 Street Address (P.O. Box Number is Not Acceptable) 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 _____ <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	
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	DP TEMPLETON, PEGGY 916 HEMINGWAY RD TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Templeton, Peggy 916 Hemingway Circle TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLYNISS, GREG 933 HARBOR BAY DR TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Glyniss, Greg 933 Harbor Bay Dr. TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARMAS, TERESA 1601 RENAISSANCE WAY TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Armas, Teresa 1601 Renaissance Way TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINTENFASS, DAVID 1006 ROYAL PASS RD TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Dintenfass, David 1006 Royal Pass Road TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANCE, TIMOTHY 918 ANCHORAGE RD TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Dance, Timothy 918 Anchorage Road TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLUCKMAN, JEREMY 1468 HARBOUR WALK RD TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Gluckman, Jeremy 1468 Harbour Walk Rd TAMPA, FL 33602 <input checked="" 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: 		Date 2-15-08		Daytime Phone # 813/209-9300	


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N02000000975 1. Entity Name THE SOUTH NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602			Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02132008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 61-1405451	
				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 Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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) DATE</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	
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	DP TEMPLETON, PEGGY 916 HEMINGWAY RD TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tinelli, Maria 1002 S. Harbour Island Blvd #1607 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLYNISS, GREG 933 HARBOR BAY DR TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goldfeder, Lou 919 MOORING CIRCLE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARMAS, TERESA 1601 RENAISSANCE WAY TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexander, John 1101 ADDEYS WAY TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINTENFASS, DAVID 1006 ROYAL PASS RD TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Volkacc, Gary 308 INARA HARBOUR CIRCLE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANCE, TIMOTHY 918 ANCHORAGE RD TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Niantchou, Gladys 11673 MIDWATCH CIRCLE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLUCKMAN, JEREMY 1468 HARBOUR WALK RD TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lopez, Joseph 869 SEDDON COVE WAY TAMPA, FL 33602
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: <i>David Dintenfass</i>				Date: <i>2/15/08</i> Daytime Phone #: <i>813/209-9300</i>	

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N02000000975 1. Entity Name THE SOUTH NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602			Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 61-1405451				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			7. Name and Address of New Registered Agent		
CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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) DATE</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	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TEMPLETON, PEGGY		NAME	Holton, Joan	
STREET ADDRESS	916 HEMINGWAY RD		STREET ADDRESS	1478 HARBOUR WALK ROAD	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLYNISS, GREG		NAME		
STREET ADDRESS	933 HARBOR BAY DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARMAS, TERESA		NAME		
STREET ADDRESS	1601 RENAISSANCE WAY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINTENFASS, DAVID		NAME		
STREET ADDRESS	1006 ROYAL PASS RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANCE, TIMOTHY		NAME		
STREET ADDRESS	918 ANCHORAGE RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUCKMAN, JEREMY		NAME		
STREET ADDRESS	1468 HARBOUR WALK RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		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 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>David Dintenfuss</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/15/08 813-209-9300 <small>Date Daytime Phone #</small>		