

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

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

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

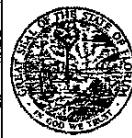
DOCUMENT # N02000000975			
1. Entity Name <b>THE SOUTH NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602</b>		Mailing Address <b>3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602</b>		Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			
TITLE: DP NAME: TEMPLETON, PEGGY STREET ADDRESS: 916 HEMINGWAY RD CITY-ST-ZIP: TAMPA, FL 33602		<input type="checkbox"/> Delete TITLE: D. <i>Templeton, Peggy</i> <i>916 Hemingway Circle</i> <i>TAMPA, FL 33602</i>	
TITLE: VD NAME: GLYNISS, GREG STREET ADDRESS: 933 HARBOR BAY DR CITY-ST-ZIP: TAMPA, FL 33602		<input type="checkbox"/> Delete TITLE: V <i>Glynniss, Greg</i> <i>933 Harbour Bay Dr.</i> <i>TAMPA, FL 33602</i>	
TITLE: DS NAME: ARMAS, TERESA STREET ADDRESS: 1601 RENAISSANCE WAY CITY-ST-ZIP: TAMPA, FL 33602		<input type="checkbox"/> Delete TITLE: S <i>Armas, Teresa</i> <i>1601 Renaissance Way</i> <i>TAMPA, FL 33602</i>	
TITLE: TD NAME: DINTENFASS, DAVID STREET ADDRESS: 1006 ROYAL PASS RD CITY-ST-ZIP: TAMPA, FL 33602		<input type="checkbox"/> Delete TITLE: D. <i>Dintenfass, David</i> <i>1006 Royal Pass Road</i> <i>TAMPA, FL 33602</i>	
TITLE: D NAME: DANCE, TIMOTHY STREET ADDRESS: 918 ANCHORAGE RD CITY-ST-ZIP: TAMPA, FL 33602		<input type="checkbox"/> Delete TITLE: D. <i>Dance, Timothy</i> <i>918 Anchorage Road</i> <i>TAMPA, FL 33602</i>	
TITLE: D NAME: GLUCKMAN, JEREMY STREET ADDRESS: 1468 HARBOUR WALK RD CITY-ST-ZIP: TAMPA, FL 33602		<input type="checkbox"/> Delete TITLE: P. <i>Gluckman, Jeremy</i> <i>1468 Harbour Walk Rd</i> <i>TAMPA, FL 33602</i>	
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 <b>2-15-08</b> Daytime Phone # <b>813/209-9300</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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**ATTACHMENT**

**DOCUMENT # N02000000975**

1. Entity Name  
THE SOUTH NEIGHBORHOOD ASSOCIATION, INC.



40036787

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

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number 61-1405451	Applied For
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	
	FL	Zip Code

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SIGNATURE

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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 Pirelli, 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 Goldfeder, Lou 919 Mocking 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 Alexandra, John 1101 Abbey's 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 Volcacc, Gary 308 Florida Harbor 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 Miantchuk, Adrienne 11673 Hipwatch 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 Rokos, Joseph 869 Seddon Cove Way TAMPA, FL 33602

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 813/209-9300  
Date Daytime Phone #

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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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	Halton, John 1478 HARBOUR WALL Road TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: *David Dintenfass* 2/15/08 83209-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #