

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005165	
1. Entity Name ALLENDALE TERRACE NEIGHBORHOOD ASSOCIATION, INC.	
Principal Place of Business 2575 ULMERTON RD, STE 210 CLEARWATER, FL 33762	Mailing Address 2575 ULMERTON RD, STE 210 CLEARWATER, FL 33762



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0422716	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COHRS, DENIS A ESQ. 2575 ULMERTON RD, STE 210 CLEARWATER, FL 33762
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000141971
04/30/04-80034-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLAHUNTY, REBECCA S 3801-8TH STREET NORTH SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, ELAINE 790 39TH AVE N ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAFFER, CREIGHTON 3840 8TH ST N ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LABANCA, DONNA 851-38TH AVENUE NORTH SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM 744-36TH AVENUE NORTH SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, DORIAN 851-38TH AVENUE NORTH SAINT PETERSBURG, FL 33704

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elaine Clark 04/26/04 727-526-6925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #