

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90974 015 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0422716

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHRS, DENIS A ESQ.
2575 ULMERTON RD, STE 210
CLEARWATER FL 33762**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	DILLAHUNTY, REBECCA S	
STREET ADDRESS	3801 8TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, ELAINE	
STREET ADDRESS	790 39TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAHER, CREIGHTON	
STREET ADDRESS	3840 8TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLAHUNTY, REBECCA S.	
STREET ADDRESS	3801-8TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ELAINE	
STREET ADDRESS	790 39TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHER, CREIGHTON	
STREET ADDRESS	3840-8TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LA BANCA, DONNA	
STREET ADDRESS	851-38TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, WILLIAM	
STREET ADDRESS	744-36TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVY, DORIAN	
STREET ADDRESS	851-38TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED Elaine Clark 04/25/03 727-526-6925

CR2E037 (10/02)