

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000374

FILED
Jul 01, 2008
Secretary of State

Entity Name: HIGHLAND PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-0738501 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAMB, BRIAN K
2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LENTON, ANNE-MARIE
Address: 14905 PINEAPPLE LANE
City-St-Zip: TAMPA, FL 33626

Title: VP () Delete
Name: DECESARE, DANIEL B
Address: 14617 GALT LAKE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: CORTINA, JUDITH M
Address: 14745 CANOPY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: BOOTH, DARREN
Address: 14905 PINEAPPLE LANE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLERY, DOUGLAS
Address: 14633 CANOPY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VP (X) Change () Addition
Name: ROSEN, MICHAEL
Address: 14610 CANOPY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: ST (X) Change () Addition
Name: REEVES, DEBBIE
Address: 11510 PERFECT PLACE
City-St-Zip: TAMPA, FL 33626

Title: D (X) Change () Addition
Name: PETERS, ANITA
Address: 11102 ROSEATE DRIVE
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE REEVES

ST

07/01/2008

Electronic Signature of Signing Officer or Director

Date