

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

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # N06000005616

1. Entity Name
SCENIC HEIGHTS NEIGHBORHOOD, INC.



Principal Place of Business
1820 DEVRA DR.
TALLAHASSEE, FL 32303

Mailing Address
1820 DEVRA DR.
TALLAHASSEE, FL 32303



01132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4986955

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENDLER, BERNARD
1837 DEVRA DR.
TALLAHASSEE, FL 32303

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/15/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LARSEN, LINDA
STREET ADDRESS 1820 DEVRA DR
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D
NAME GRADDY, MICHAEL
STREET ADDRESS 2112 ALTON RD.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D
NAME POINTINGER, PAT
STREET ADDRESS 1841 DEVRA DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D
NAME ELLIS, SUSIE
STREET ADDRESS 1822 DEVRA DR
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0
U00000797549
01/29/08-80079-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/15/08