## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005616

Entity Name: SCENIC HEIGHTS NEIGHBORHOOD, INC.

FILED Apr 13, 2009 Secretary of State

1820 DEVRA DR. 1824 MEDART DRIVE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

1820 DEVRA DR. 1824 MEDART DRIVE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303

FEI Number: 20-4986955 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FENDLER, BERNARD

1837 DEVRA DR.

TALLAHASSEE, FL 32303 US

PUGH, JOYCE

1824 MEDART DRIVE

TALLAHASSEE, FL 32303 US

TALLAHASSEE, FL 32303 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: JOYCE PUGH 04/13/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: O (X) Change ( ) Addition

Name:LARSEN, LINDAName:LARSEN, LINDAAddress:1820 DEVRA DRAddress:1820 DEVRA DR

City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete Title: O (X) Change ( ) Addition

 Name:
 GRADDY, MICHAEL
 Name:
 WIGGINS, LUM G

 Address:
 2112 ALTON RD.
 Address:
 1823 DEVRA DR

City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: POINTINGER, PAT Name:

Address: 1841 DEVRA DR. Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip:

Title: D ( ) Delete Title: O (X) Change ( ) Addition Name: ELLIS, SUSIE Name: ELLIS, SUSIE

Address: 1822 DEVRA DR Address: 1822 DEVRA DR
City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Delete Title: O ( ) Change (X) Addition

 Name:
 Name:
 PUGH, JOYCE

 Address:
 Address:
 1824 MEDART DR

 City-St-Zip:
 City-St-Zip:
 TALLAHASSEE, FL 32303

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: JOYCE PUGH MS. 04/13/2009