

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18925

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** COUNCIL OF NEIGHBORHOOD ASSOCIATIONS, INC.

**Current Principal Place of Business:**

SCANNAVINO, INC  
720 BROOKER CRK BLVD STE 206  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

SCANNAVINO, INC  
720 BROOKER CRK BLVD STE 206  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

SCANNAVINO, DOMINICK  
720 BROOKER CRK BLVD  
STE 206  
OLDSMAR, FL 34677 US

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

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: T ( ) Delete  
Name: SCHLENDER, SALLY  
Address: 11458 STONEYBROOK PATH  
City-St-Zip: PORT RICHEY, FL 346682049

Title: P ( ) Delete  
Name: SCANNAVINO, DOMINICK  
Address: 720 BROOKER CRK BLVD STE 206  
City-St-Zip: OLDSMAR, FL 34677

Title: SD ( ) Delete  
Name: HANLON, SALLY  
Address: 9911 TRADEWIND DR  
City-St-Zip: HUDSON, FL 34669

Title: VP ( ) Delete  
Name: HUBBS, RON  
Address: 8205 VALLEY STREAM LANE  
City-St-Zip: BAYONET POINT, FL 346672340

Title: D ( ) Delete  
Name: GORECKI, PAT  
Address: 4024 FLORAMAR TERRACE  
City-St-Zip: NEW PORT RICHEY, FL 346523166

Title: D ( ) Delete  
Name: MCCLINTOCK, PAUL  
Address: 4557 ONTARIO DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DOMINICK SCANNAVINO

PD

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date