

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28835

FILED
Apr 22, 2009
Secretary of State

Entity Name: COUNCIL OF NEIGHBORHOOD ASSOCIATIONS OF SOUTH PINELLAS COUNTY, INC.

Current Principal Place of Business:

106 GIRALDA BLVD
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

PO BOX 13693
SAINT PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-2921651 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HECK, BARBARA
106 GIRALDA BLVD
SAINT PETERSBURG, FL 33704 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: P () Delete
Name: HECK, BARBARA
Address: 106 GIRALDA BLVD
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: DIR () Delete
Name: LOCKE, KEITH
Address: 204 37 AVE N 237
City-St-Zip: ST PETERSBURG, FL 33704

Title: TD () Delete
Name: GAUSMAN, APRIL
Address: 537 KIRKWOOD
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SD () Delete
Name: WEISNER, CONRAD
Address: 7228 MT. JUPITER DR.
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VP () Delete
Name: MICHAELS, WILL
Address: 6215 BAHAMA SHORES DR S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DIR (X) Delete
Name: COMBERG, INGRID
Address: 620 5TH ST N
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MICHAEL, GULLEY
Address: 542 LEWIS BLVD. SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: TD (X) Change () Addition
Name: GAUSMAN, APRIL GAYLE
Address: 537 KIRKWOOD
City-St-Zip: SAINT PETERSBURG, FL 33701

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: APRIL GAYLE GAUSMAN

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date