


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90190 045 ****61.25

DOCUMENT # **N 35969**
1. Entity Name
HARBORDALE NEIGHBORHOOD Association, Incorporated



DO NOT WRITE IN THIS SPACE

40079330

2. Principal Place of Business
P.O. Box 743
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 743
Suite, Apt. #, etc.

CR2E037B (8/05)

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG FL

Zip
33731 Country
U.S.

Zip
33731 Country
US

4. FEI Number
59-292384

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
THERESA A. McEACHERN

Street Address (P.O. Box Number is Not Acceptable)
621 - 25 AVE. So

City
ST. PETERSBURG FL Zip Code
33705

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended AR**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	McEACHERN, THERESA		THERESA A. McEACHERN	621 - 25 AVE. So	ST. PETERSBURG FL 33705
VP	GAYLE APRIL GAUSMAN		GAYLE APRIL GAUSMAN	547 - 29 AVE. So	ST. PETERSBURG FL 33705
S	MELISSA MOORE		MELISSA MOORE	525 - 29 AVE. So.	ST. PETERSBURG FL 33705
D	DAVID McEACHERN		DAVID McEACHERN	621 - 25 AVE So	ST. PETERSBURG, FL 33705
D	DAVID ALLEN		DAVID ALLEN	2401 - 5 ST. So	ST. PETERSBURG FL 33705
D	RICHARD BERTHELOT		RICHARD BERTHELOT	2001 - DR. ML KING ST. So	ST. PETERSBURG FL 33705

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Theresa A. McEACHERN (Theresa A. McEACHERN) 4-27-06 (727) 823-6390**