


**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	<b>P McEACHERN, THERESA 621-25 AVE. So ST. PETERSBURG FL 33705</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GAYLE APRIL GAUSMAN 547-29 AVE. So ST. PETERSBURG FL 33705</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MELISSA MOORE 525-29 AVE. So. ST. PETERSBURG FL 33705</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVID McEACHERN 621-25 AVE So ST. PETERSBURG, FL 33705</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVID ALLEN 2401-5 ST. So ST. PETERSBURG FL 33705</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICHARD BERTHELOT 2201- DR. ML KING ST. So ST. PETERSBURG FL 33705</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**