

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90025 020 ****61.25



DOCUMENT # N35969	
1. Entity Name HARBORDALE NEIGHBORHOOD ASSOCIATION, INCORPORATED	
Principal Place of Business P.O. BOX 743 SAINT PETERSBURG FL 33731 US	Mailing Address P.O. BOX 743 SAINT PETERSBURG FL 33731 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
Country	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2992384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCEACHERN, THERESA 621 - 25TH AVENUE SOUTH ST. PETERSBURG FL 33705	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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: Theresa Mceachern, President
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P <input type="checkbox"/> Delete NAME: MCEACHERN, THERESA STREET ADDRESS: 621 25 AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705		TITLE: S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: MARINE SMITH STREET ADDRESS: 746 26 AVENUE So CITY-ST-ZIP: SAINT PETERSBURG FL 33705	
TITLE: VP <input type="checkbox"/> Delete NAME: GAUSMAN, GAYLE A STREET ADDRESS: 547 29 AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705		TITLE: T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: MARY MITCHELL STREET ADDRESS: 832 28 AVENUE So CITY-ST-ZIP: SAINT PETERSBURG FL 33705	
TITLE: S <input checked="" type="checkbox"/> Delete NAME: MOORE, MELISSA STREET ADDRESS: 525 29 AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705		TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: AL THORNTON STREET ADDRESS: 757 W HARBOR DR So CITY-ST-ZIP: SAINT PETERSBURG FL 33705	
TITLE: D <input type="checkbox"/> Delete NAME: MCEACHERN, DAVID STREET ADDRESS: 621 25 AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input checked="" type="checkbox"/> Delete NAME: ALLEN, DAVID STREET ADDRESS: 2401 5 STREET SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> Delete NAME: BERTHELOT, RICHARD STREET ADDRESS: 2201 DR. M.L. KING STREET SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theresa Mceachern, Pres. 4-30-07 (207) 823-6390