

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 021 ****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 #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/07)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MCEACHERN, THERESA STREET ADDRESS: 621 25 AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE: D NAME: DAL THORNTON STREET ADDRESS: 757 W HARBOR DR SO CITY-ST-ZIP: SAINT PETERSBURG FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: GAUSMAN, GAYLE A STREET ADDRESS: 547 29 AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: SMITH, MARINE STREET ADDRESS: 746 26TH AVE SO CITY-ST-ZIP: SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MCEACHERN, DAVID STREET ADDRESS: 621 25 AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MITCHELL, MARY STREET ADDRESS: 832 28 AVENUE SO CITY-ST-ZIP: SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BERTHELOT, RICHARD STREET ADDRESS: 2201 DR. M.L. KING STREET SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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 any attachment with an address, with all other like empowered.

SIGNATURE: THERESA MCEACHERN Theresa Mceachern 4-16-08 (727) 823-6390