

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35969

FILED
Apr 15, 2009
Secretary of State

Entity Name: HARBORDALE NEIGHBORHOOD ASSOCIATION, INCORPORATED

Current Principal Place of Business:

P.O. BOX 743
SAINT PETERSBURG, FL 33731 US

New Principal Place of Business:

621-25 AVENUE SOUTH
SAINT PETERSBURG, FL 33705 US

Current Mailing Address:

P.O. BOX 743
SAINT PETERSBURG, FL 33731 US

New Mailing Address:

FEI Number: 59-2992384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCEACHERN, THERESA
621 - 25TH AVENUE SOUTH
ST. PETERSBURG, FL 33705 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: MCEACHERN, THERESA
Address: 621 25 AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP () Delete
Name: GAUSMAN, GAYLE A
Address: 547 29 AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: S () Delete
Name: SMITH, MARINE
Address: 746 26TH AVE SO
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: MCEACHERN, DAVID
Address: 621 25 AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T () Delete
Name: MITCHELL, MARY
Address: 832 28 AVENUE SO
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: BERTHELOT, RICHARD
Address: 2201 DR. M.L. KING STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: SCOTT, DURFEE
Address: 215-22 AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

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: THERESA MCEACHERN

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date