

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42376

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** TAMPA HEIGHTS CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 172385  
TAMPA, FL 33602 US

**New Principal Place of Business:**

3406 N. AVON AVE.  
TAMPA, FL 33602 US

**Current Mailing Address:**

POST OFFICE BOX 172385  
TAMPA, FL 33602 US

**New Mailing Address:**

POST OFFICE BOX #172385  
TAMPA, FL 33602 US

**FEI Number:** 59-2401399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICKA, STEVEN  
300 E. PARK AVENUE  
TAMPA, FL 33602 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: PD ( ) Delete  
Name: YOUNG-GREEN, LENA  
Address: 3406 N. AVON AVE.  
City-St-Zip: TAMPA, FL 33602

Title: VD ( ) Delete  
Name: HARTNETT, JAMES  
Address: 2302 CENTRAL AVE.  
City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete  
Name: MICKA, STEVEN  
Address: 300 E. PARK AVENUE  
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete  
Name: FRANKEL, HEATHER  
Address: 2103 1/2 N. MORGAN STREET  
City-St-Zip: TAMPA, FL 33602

**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:

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: STEVEN MICKA

TD

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date