

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002377

FILED  
Apr 12, 2008  
Secretary of State

**Entity Name:** PONCE DELEON NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

3034 28TH AVE. NORTH  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 61834  
SAINT PETERSBURG, FL 33784

**New Mailing Address:**

**FEI Number:** 59-3160299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRASSO, ROSE M  
3034 28TH AVE. NORTH  
ST. PETERSBURG, FL 33713 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: GRASSO, ROSE M  
Address: 3034 28 AVE N  
City-St-Zip: ST PETE, FL 33713

Title: VP ( ) Delete  
Name: GRASSO, JOSEPH  
Address: 2634 29 ST N  
City-St-Zip: ST PETERSBURG, FL 33713

Title: T ( ) Delete  
Name: MEADOR, PAM  
Address: 2624-29TH ST N  
City-St-Zip: ST PETERSBURG, FL

Title: S ( ) Delete  
Name: LEWIS, TIM  
Address: 2700 29TH ST N  
City-St-Zip: ST PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: GRASSO, MARGARET  
Address: 3034 28 AVE N  
City-St-Zip: ST PETE, FL 33713

Title: D ( ) Delete  
Name: PARISI, TONY  
Address: 3031 25 AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SEC (X) Change ( ) Addition  
Name: GRASSO, JOSEPH  
Address: 2634 29 ST N  
City-St-Zip: ST PETERSBURG, FL 33713

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

Title: VP (X) Change ( ) Addition  
Name: CHAPMAN, MARY  
Address: 3121 - 28TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33713

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: PAM MEADOR

T

04/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date