

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002377

FILED
Mar 10, 2009
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: SEC () 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: VP () Delete
Name: CHAPMAN, MARY
Address: 3121 - 28TH AVE 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: () Change () Addition
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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

03/10/2009

Electronic Signature of Signing Officer or Director

Date