

FILE NOW: FILING FEE IS \$61.25

**APPROVED
AND
FILED**

1998 MAY 18 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000003579.
1. Corporation Name
The Old Southeast Neighborhood Assoc., Inc.

Principal Place of Business 115 18th Ave. S.E. St. Petersburg, FL 33705	Mailing Address 115 18th Ave. S.E. St. Petersburg, FL 33705
---	---

3. Date Incorporated or Qualified 7/20/94	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-3256967		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
--	---

9. Name and Address of Current Registered Agent
**Michael Hill
263 21st Ave. St., Apt. 1
St. Petersburg, FL 33705**

10. Name and Address of New Registered Agent
81 Name
Donald A. Bartlett
82 Street Address (P.O. Box Number is Not Acceptable)
115 18th Ave. S.E.
83
84 City
St. Petersburg, FL 85 Zip Code
33705

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Donald A. Bartlett* DATE **4/24/98**

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Michael Hill	
STREET ADDRESS	263 21st Ave. S, Apt. 1	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Sue Massey	
STREET ADDRESS	105 21st Ave. S.E.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Donna Kostrovos	
STREET ADDRESS	206 17th Ave. S.E.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Antonia Powers	
STREET ADDRESS	1719 Beach Dr. S.E.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Donald A. Bartlett	
13 STREET ADDRESS	115 18th Ave. S.E.	
14 CITY-ST-ZIP	St. Petersburg, FL 33705	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	VACANT	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

000002530420-5
-05/20/98-01094-001
Filing Fee \$61.25

SCC 5-18-98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Donald A. Bartlett* DATE: **4/24/98** (813) 894-5690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)