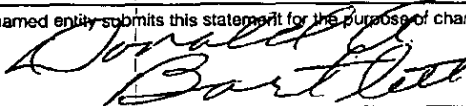
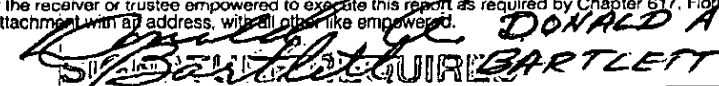


FILED
Apr 16, 2000 8:00 am
Secretary of State

01-14-2000 90017 019 ****61.25

DOCUMENT # N94000003579			
1. Entity Name THE OLD SOUTHEAST NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 115 18TH AVE. S.E. ST PETERSBURG FL 33705 US		Mailing Address 115 18TH AVE. S.E. ST PETERSBURG FL 33705-2805 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BARTLETT, DONALD A 115 18TH AVE. S.E. ST PETERSBURG FL 33705		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. <div style="display: flex; justify-content: space-between;"> <div> Signature  Signature, typed or printed name of registered agent and title if applicable. </div> <div> DATE 1/8/2000 (NOTE: Registered Agent signature required when reinstating) </div> </div>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BARTLETT, DONALD A 115 18TH AVE. S.E. ST. PETERSBURG FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SD Olsen, Sharon 1635 Beach Dr. S.E. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete TD POWERS, TONI 1719 BEACH DR SE ST. PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD Robertson, Marlene 101 17th Ave. S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SD KOSTROVEA, DONNA 206 17TH AVE SE ST. PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Hitchcock 126 16th Ave. S.E. St. Petersburg, FL 33701 VPD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Signature and typed or printed name of signing officer or director		DATE 1/8/2000 898-4823 Daytime Phone #	

CP2E037 (9/99)