

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004921 (2)

1. Corporation Name

EDGEMOOR NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

609 61ST AVENUE N.E.
ST. PETERSBURG FL 33713609 61ST AVENUE N.E.
ST. PETERSBURG FL 33703-15053. Date Incorporated or Qualified
10/03/19943a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO BOX 7924

22 City & State

27 City & State
28 ST. PETERSBURG, FL

23 Zip Country

29 33742 30 USA

4. FEI Number
59-3229611Applied For
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RATHSAM, ALFREDE J
609 61ST AVE. N.E.
ST. PETERSBURG FL 33713

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME RATHSAM, ALFRED J
STREET ADDRESS 609 61ST AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL 337031.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VP ☐ DELETE
NAME SALOMONE, TRACEY
STREET ADDRESS 201 HAMPTON AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL 337032.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME WEISER, CONRAD
STREET ADDRESS 169 SE LINCOLN CIR N
CITY-ST-ZIP ST PETERSBURG FL 337033.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T ☒ DELETE
NAME SMITH, SHERYL
STREET ADDRESS 5700 PERSHING ST NE
CITY-ST-ZIP ST PETERSBURG FL 337034.1 TITLE ☒ Change ☐ Addition
4.2 NAME T MOESSNER, ROMAINE
4.3 STREET ADDRESS 816 62 AVE NE
4.4 CITY-ST-ZIP ST PETERSBURG FL 33702TITLE D ☐ DELETE
NAME HAWKINS, RALPH
STREET ADDRESS 232 SE MONROE CIR N
CITY-ST-ZIP ST PETERSBURG FL 337035.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME SALOMONE, RICH
STREET ADDRESS 201 HAMPTON AVE NE
CITY-ST-ZIP ST PETERSBURG FL 337036.1 TITLE ☒ Change ☐ Addition
6.2 NAME RATHSAM, MARY
6.3 STREET ADDRESS 609 61 AVE NE
6.4 CITY-ST-ZIP ST PETERSBURG, FL 33703

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049993

CR2E037 (9/96)