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Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004921 (2)**

1. Corporation Name

**EDGEMOOR NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**609 61ST AVENUE N.E.  
ST. PETERSBURG FL 33713**

**P.O. BOX 7824  
ST. PETERSBURG FL 33742  
US**

3. Date Incorporated or Qualified

**10/03/1994**

4. FEI Number

**59-3229611**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 816 62<sup>ND</sup> AVE N.E.**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 ST. PETERSBURG**

**28**

Zip

Country

Zip

Country

**24 33702**

**25 USA**

**29**

**30**

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**

81 Name

**ROMAINE M. MOESSNER**

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

**816 62<sup>ND</sup> AVE NE**

83

84

**ST. PETERSBURG**

FL

85 Zip Code  
**33702**

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

*Romaine M. Moessner*

**4-1-98**

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	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RATHSAM, ALFRED J</b>	
STREET ADDRESS	<b>609 61ST AVE. N.E.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SALOMONE, TRACEY</b>	
STREET ADDRESS	<b>201 HAMPTON AVE. N.E.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISER, CONRAD</b>	
STREET ADDRESS	<b>169 SE LINCOLN CIR N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MOESSNER, ROMAINE</b>	
STREET ADDRESS	<b>816 62 AVE. N.E.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWKINS, RALPH</b>	
STREET ADDRESS	<b>232 SE MONROE CIR N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RATHSAM, MARY</b>	
STREET ADDRESS	<b>609 61 AVE. N.E.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROMAINE M. MOESSNER</b>	
1.3 STREET ADDRESS	<b>816 62<sup>ND</sup> AVE NE</b>	
1.4 CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
2.1 TITLE	<b>M. MINSCHALL V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>824 62<sup>ND</sup> AVE NE</b>	
2.3 STREET ADDRESS	<b>ST. PETERSBURG FL 33702</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ANITA CABRELLA</b>	
3.3 STREET ADDRESS	<b>5946 MANGROVE STN</b>	
3.4 CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	
4.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>HAROLD JORDAN</b>	
4.3 STREET ADDRESS	<b>5724 HARDING BLVD</b>	
4.4 CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TRACY SALOMONE</b>	
5.3 STREET ADDRESS	<b>201 HAMPTON AVE NE</b>	
5.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: *Romaine M. Moessner* **ROMAINE M. MOESSNER** **4-1-98** **527-4917**

CR2E037 (10/97)