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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000004921

1. Corporation Name

EDGEMOOR NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

816 62ND AVE NE
 ST. PETERSBURG FL 33702
 US

Mailing Address

P.O. BOX 7924
 ST. PETERSBURG FL 33742
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/03/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3229611

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOESSNER, ROMAINE M
816 62ND AVE NE
ST. PETERSBURG FL 33702

81 Name

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

83

84 City

FL

85 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 **MOESSNER, ROMAINE M**
 STREET ADDRESS **816 62ND AVE NE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

1.1 TITLE **P** ☐ Change ☐ Addition
 1.2 NAME **Ralph W Hawkins Jr.**
 1.3 STREET ADDRESS **232 SE Monroe Cir N.**
 1.4 CITY-ST-ZIP **ST Petersburg FL 33703**

TITLE **VP** ☐ DELETE
 NAME **MINSCHALL, M**
 STREET ADDRESS **824 62ND AVE NE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

2.1 TITLE **SECRETARY** ☒ Change ☐ Addition
 2.2 NAME **Romaine moessner**
 2.3 STREET ADDRESS **816 62 AVE NE**
 2.4 CITY-ST-ZIP **ST Petersburg, FL 33702**

TITLE **T** ☐ DELETE
 NAME **CABRELLI, ANITA**
 STREET ADDRESS **5946 MANGROVE ST N**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

3.1 TITLE **VP** ☒ Change ☒ Addition
 3.2 NAME **MEGAN RONVILLE**
 3.3 STREET ADDRESS **501 HAMPTON AVE NE**
 3.4 CITY-ST-ZIP **ST Petersburg FL 33703**

TITLE **D** ☐ DELETE
 NAME **JORDAN, HAROLD**
 STREET ADDRESS **5724 HARDING BLVD**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

4.1 TITLE **VP** ☐ Change ☒ Addition
 4.2 NAME **DAVID GAY**
 4.3 STREET ADDRESS **162 SE LINCOLN CIR N.**
 4.4 CITY-ST-ZIP **ST Petersburg, FL 33703**

TITLE **D** ☐ DELETE
 NAME **SALOMON, TRACY**
 STREET ADDRESS **201 HAMPTON AVE NE**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

5.1 TITLE **Treas.** ☒ Change ☐ Addition
 5.2 NAME **TRACY SALOMONE**
 5.3 STREET ADDRESS **201 Hampton Ave NE**
 5.4 CITY-ST-ZIP **ST Petersburg, FL 33703**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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, with all other like empowered.

SIGNATURE:

Ralph W Hawkins Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99
 Date

727-526-1335
 Daytime Phone #

CR2E037 (1/98)