2000 UNIFORM BUSINESS REPORT (UBR)

9/11/00-90015-011-$61.25-$61.25

DOCUMENT # N94000004921

1. Entity Name

EDGEMOOR NEIGHBORHOOD ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 AM 10:18

80105540

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
816 62ND AVE NE ST. PETERSBURG FL 33702 US	P.O. BOX 7924 ST. PETERSBURG FL 33734-7924 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3229611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $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		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
	HAWKINS, JR., RALPH W 233 SE MONROE CIR N. ST. PETERSBURG FL 33703	D	Tracy Salomone 201 Hampton Ave NE St Pete FL 33703	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RONVILLE, MEGAN 501 HAMPTON AVE NE ST. PETERSBURG FL 33702	☒ Delete	VP Richard Strack 5345 - 1st NE St Pete FL 33703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SNOMONE, TRACY 201 HAMPTON AVE NE ST. PETERSBURG FL 33703	☒ Delete	ND David Gay 162 SE Lincoln Cir NE St Pete FL 33703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, HAROLD 5724 HARDING BLVD ST PETERSBURG FL 33703	☐ Delete	D Kimmitt, Deanne 509 Davison Ave. N.E. St. Pete FL 33703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALOMON, TRACY 201 HAMPTON AVE NE ST PETERSBURG FL 33703	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOESSNER, REMAINE 816- 62ND AVE NE ST PETERSBURG FL 33702	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Tracy Salomone 9/5/00 727-572-7076x15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #