

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90368 042 ****61.25

0062742

DOCUMENT # N94000004921

1. Entity 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

P.O. Box 7924

3. Mailing Address

Suite, Apt. #, etc.

City & State

St Pete. FL 043

City & State

Suite, Apt. #, etc.

Zip

33742

Country

US

Zip

Country

Country

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

TITLE **D** ☐ Delete
 NAME **HAWKINS, RALPH JR**
 STREET ADDRESS **233 SE MONROE CIR N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **P** ☐ Delete
 NAME **SALOMONE, TRACY**
 STREET ADDRESS **201 HAMPTON AVE NE**
 CITY-ST-ZIP **ST PETE FL 33703**

TITLE **V** ☐ Delete
 NAME **STRACK, RICHARD**
 STREET ADDRESS **5545 1ST ST NE**
 CITY-ST-ZIP **ST PETE FL 33703**

TITLE **V** ☒ Delete
 NAME **GAY, DAVID**
 STREET ADDRESS **162 SW LINCOLN CIR N**
 CITY-ST-ZIP **ST PETE FL 33703**

TITLE **D** ☒ Delete
 NAME **JORDAN, HAROLD**
 STREET ADDRESS **5724 HARDINGG BLVD NE**
 CITY-ST-ZIP **ST PETE FL 33703**

TITLE **D** ☐ Delete
 NAME **KIMMITT, DEANNE**
 STREET ADDRESS **509 DAVISON AVE NE**
 CITY-ST-ZIP **ST PETE FL 33703**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Treasurer - D**
 STREET ADDRESS **Strack, Richard**
 CITY-ST-ZIP **5545 1st St NE**
St Pete - FL - 33703

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Terese Hilliard**
 CITY-ST-ZIP **758 - 55 Ave NE**
St Pete - FL - 33703

TITLE ☐ Change ☒ Addition
 NAME **Vice President - D**
 STREET ADDRESS **Patricia Allen**
 CITY-ST-ZIP **5816 Woodrow Wilson Blvd NE**
St Pete - FL 33703

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Tracy Salomone 02/15/01 727-527-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9400

CR2E037 (10/00)