

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004921**

1. Entity Name

EDGEMOOR NEIGHBORHOOD ASSOCIATION, INC.**FILED****May 28, 2002 8:00 am**
Secretary of State

05-28-2002 91640 006 ****61.25

Principal Place of Business

Mailing Address

**PO BOX 7924
ST. PETE FL 33742
US****P.O. BOX 7924
ST. PETERSBURG FL 33742
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

7. Name and Address of New Registered Agent

**MOESSNER, ROMAINE M
816 62ND AVE NE
ST. PETERSBURG FL 33702****Name: HILLARD, Terese**
Street Address (P.O. Box Number is Not Acceptable)
758 55 Avenue NECity **St. Petersburg** **FL** Zip Code **33703**

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.

*Terese Hilliard, Pres.*SIGNATURE **Terese Hillard, Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

09 May, 2002**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 **D** ☒ Delete
NAME **HAWKINS, RALPH JR**
STREET ADDRESS **233 SE MONROE CIR N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **SALOMONE, TRACY**
STREET ADDRESS **201 HAMPTON AVE NE**
CITY-ST-ZIP **ST PETE FL 33703**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **STRACK, RICHARD**
STREET ADDRESS **5545 1ST ST NE**
CITY-ST-ZIP **ST PETE FL 33703**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☒ Delete
NAME **HILLARD, TERESE**
STREET ADDRESS **758 55TH AVE NE**
CITY-ST-ZIP **ST PETE FL 33703**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **ALLEN, PATRICIA**
STREET ADDRESS **5816 WOODROW WILSON BLVD NE**
CITY-ST-ZIP **ST PETE FL 33703**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KIMMITT, DEANNE**
STREET ADDRESS **509 DAVISON AVE NE**
CITY-ST-ZIP **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: *Richard E. Strack*
Richard E. Strack, Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**09 May, 2002** **727-521-2956**
Date Daytime Phone #

CR2E037 (9/01)