

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90100 005 ****61.25

DOCUMENT # N95000002856

1. Corporation Name

THE NORTHEAST WINTER HAVEN NEIGHBORHOOD ASSOCIATION, INCORPORATED

Principal Place of Business

2426 EDWIN ST N.E.
WINTER HAVEN FL 33881
US

Mailing Address

PO BOX 3495
WINTER HAVEN FL 33885



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

06/14/1995

4. FEI Number

59-3319035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, MARY S
2426 EDWIN ST N.E.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

P
NAME SMITH, WILFRED
STREET ADDRESS 2444 5TH STREET N.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

S
NAME SMITH, MARY S
STREET ADDRESS 2426 EDWIN ST. N.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

VP
NAME BROWN, TIMOTHY
STREET ADDRESS 305 1/2 AVE "X" N.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☒ DELETE

T
NAME WHITTEN, FLORA L
STREET ADDRESS 2444 5TH STREET N.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

D
NAME BROWN, VERMELL
STREET ADDRESS 305 AVE. X N.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☒ DELETE

DT
NAME DAVIS, EARNESTINE
STREET ADDRESS 2514 SUNSET DRIVE N.E.
CITY-ST-ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

P
1.2 NAME Smith, Mary S.
1.3 STREET ADDRESS 2426 Edwin Street N E
1.4 CITY-ST-ZIP Winter Haven, Fl. 33881

2.1 TITLE ☐ Change ☒ Addition

S
2.2 NAME Jimmie LEE Hudson
2.3 STREET ADDRESS 1905 Brown Street N E
2.4 CITY-ST-ZIP Winter Haven, Fl. 33881

3.1 TITLE ☐ Change ☒ Addition

VP
3.2 NAME Keith Boyd
3.3 STREET ADDRESS 411 Ave. M-N.E.
3.4 CITY-ST-ZIP Winter Haven, Fl. 33881

4.1 TITLE ☐ Change ☐ Addition

T
4.2 NAME Timothy Brown
4.3 STREET ADDRESS 305 Ave. X NE
4.4 CITY-ST-ZIP Winter Haven, Fl. 33881

5.1 TITLE ☐ Change ☐ Addition

D
5.2 NAME Wilfred Smith
5.3 STREET ADDRESS 2444 5th Street NE
5.4 CITY-ST-ZIP Winter Haven, Fl. 33881

6.1 TITLE ☐ Change ☒ Addition

T
6.2 NAME Linda Grant
6.3 STREET ADDRESS 2244 Mary Jewett Circle
6.4 CITY-ST-ZIP Winter Haven, Fl. 33881

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 293-1439
Daytime Phone #

CR2E037 (11/98)