


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N96000003369</u>			
1. Corporation Name Wildwood Heights Neighborhood Association, Inc. 2436 9th Avenue South St. Petersburg, FL 33712			
Principal Place of Business Wildwood Heights Neighborhood Association, Inc. P. O. Box 11113 St. Petersburg, FL 33733		Mailing Address Wildwood Heights Neighborhood Association, Inc. P. O. Box 11113 St. Petersburg, FL 33733	
2. Principal Place of Business 21 Wildwood Hgts N. A. Inc. Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. Box 11113 Suite, Apt. #, etc.	
22 City & State 23 St. Petersburg, FL 33733		27 City & State 28 St. Petersburg, FL 33733	
24 Zip 33733		25 Country USA	
29 Zip 33733		30 Country USA	
9. Name and Address of Current Registered Agent Jean Hammond 2436 9th Avenue South St. Petersburg, FL 33712		10. Name and Address of New Registered Agent 81 Name same as current 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 617.0505, Florida Statutes.			
SIGNATURE <u>Jean Hammond, President</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u>April 30, 1997</u> <small>NOTE: Registered Agent signature required when reinstating</small>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Vice President <input checked="" type="checkbox"/> DELETE NAME Lawrence, Isaac STREET ADDRESS 2524 11th Avenue South CITY-ST-ZIP St. Petersburg, FL 33712	1.1 TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME David Brown 1.3 STREET ADDRESS 2520 12th Avenue South 1.4 CITY-ST-ZIP St. Petersburg, FL 33712	2.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Bennett, Eula 2.3 STREET ADDRESS 2444 14th Avenue South 2.4 CITY-ST-ZIP St. Petersburg, FL 33712	
TITLE Secretary <input checked="" type="checkbox"/> DELETE NAME Sanchez, Chlocile STREET ADDRESS 2560 13th Avenue South CITY-ST-ZIP St. Petersburg, FL 33712	3.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Torrence, Bernicea 3.3 STREET ADDRESS 2727 14th Avenue South 3.4 CITY-ST-ZIP St. Petersburg, FL 33712	4.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Everette, Cyrus 4.3 STREET ADDRESS 2457 14th Avenue South 4.4 CITY-ST-ZIP St. Petersburg, FL 33712	
TITLE Assistant Secretary <input checked="" type="checkbox"/> DELETE NAME Davis, Alberta STREET ADDRESS 2427 13th Avenue South CITY-ST-ZIP	5.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Sanchez, Chlocile 5.3 STREET ADDRESS 2560 13th Avenue South 5.4 CITY-ST-ZIP St. Petersburg, FL 33712	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	200002184992 -05/20/97--01051--015 <i>CS</i> ***61.25 <i>5/8/97</i>	
14. I do 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.			
SIGNATURE: <u>Jean Hammond</u> <i>Jean Hammond</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		April 30, 1997 <i>CS</i> <small>Date</small>	
P/D		(813) 893-2412 <small>Daytime Phone #</small>	

CR2E037 (9/96)