

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. Mortham, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000003369**
1. Corporation Name
Wildwood Heights Neighborhood Association, Inc.
2436 9th Avenue South
St. Petersburg, FL 33712

Principal Place of Business Mailing Address
Wildwood Heights Neighborhood Association, Inc.
P. O. Box 11113
St. Petersburg, FL 33733

3. Date Incorporated or Qualified **06/19/1996** 3a. Date of Last Report **06/19/96**
4. FEI Number **59-3427548** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Wildwood Hgts N. A. Inc.** 26 **P. O. Box 11113**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
St. Petersburg, FL 33733 **St. Petersburg, FL 33733**
24 Zip 25 Country 29 Zip 30 Country
33733 **USA** **33733** **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 617.0509, Florida Statutes.
SIGNATURE **Jean Hammond, President** *Jean Hammond* DATE **April 30, 1997**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS

TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Lawrence, Isaac	
STREET ADDRESS	2524 11th Avenue South	
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	
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Davis, Alberta	
STREET ADDRESS	2427 13th Avenue South	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President/D	<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/D	<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	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Torrence, Bernice	
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	Eyette, Cyrus	
4.3 STREET ADDRESS	2457 14th Avenue South	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33712	
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	200002184992	
6.3 STREET ADDRESS	-05/20/97--01051--015	
6.4 CITY-ST-ZIP	***61.25	

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: *Jean Hammond* **Jean Hammond** P/D DATE **April 30, 1997** (813) 893-2412
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (9/96)