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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90025 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003369

1. Corporation Name

WILDWOOD HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

2436 9TH AVENUE SOUTH
ST. PETERSBURG FL 33712

Mailing Address

2436 9TH AVENUE SOUTH
ST. PETERSBURG FL 33712



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/19/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3427548	
24 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
				Not Applicable	
6. Election Campaign Financing				Trust Fund Contribution	
				May Be Added to Fees	

9. Name and Address of Current Registered Agent

HAMMOND, JEAN MS
2436 9TH AVENUE SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Jean Hammond

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVID	1.2 NAME	Brown, David
STREET ADDRESS	2520 12TH AVENUE SOUTH	1.3 STREET ADDRESS	2520 12th Ave So.
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4 CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, EULA	2.2 NAME	Helen Henry
STREET ADDRESS	2444 14TH AVENUE SOUTH	2.3 STREET ADDRESS	2401 14th Ave So
CITY-ST-ZIP	ST. PETERSBURG FL 33712	2.4 CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRENCE, BERNEICE	3.2 NAME	
STREET ADDRESS	2727 14TH AVE S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETTE, CYRUS	4.2 NAME	Jean Hammond
STREET ADDRESS	2457 14TH AVE. S.	4.3 STREET ADDRESS	2436 9th Ave. So.
CITY-ST-ZIP	ST. PETERSBURG FL 33712	4.4 CITY-ST-ZIP	St. Petersburg FL 33712
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CHOCILE	5.2 NAME	
STREET ADDRESS	2560 13TH AVE. S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Johnny Roberson
STREET ADDRESS		6.3 STREET ADDRESS	2476 Melrose Ave So
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg, FL 33712

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:

Jean Hammond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-99 727 843-2412

CR2E037 (11/98)