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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/19/1996	4. FEI Number 59-3427548 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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* DATE: 1-17-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: BROWN, DAVID STREET ADDRESS: 2520 12TH AVENUE SOUTH CITY-ST-ZIP: ST. PETERSBURG FL 33712	1.1 TITLE: P	1.2 NAME: Brown, David 1.3 STREET ADDRESS: 2520 12th Ave So. 1.4 CITY-ST-ZIP: St. Petersburg, FL 33712
TITLE: S	NAME: BENNETT, EULA STREET ADDRESS: 2444 14TH AVENUE SOUTH CITY-ST-ZIP: ST. PETERSBURG FL 33712	2.1 TITLE: V	2.2 NAME: Helen Henry 2.3 STREET ADDRESS: 2601 14th Ave So 2.4 CITY-ST-ZIP: St. Petersburg, FL 33712
TITLE: D	NAME: TORRENCE, BERNEICE STREET ADDRESS: 2727 14TH AVE S. CITY-ST-ZIP: ST. PETERSBURG FL 33712	3.1 TITLE:	3.2 NAME:
TITLE: D	NAME: EVERETTE, CYRUS STREET ADDRESS: 2457 14TH AVE. S. CITY-ST-ZIP: ST. PETERSBURG FL 33712	4.1 TITLE: D	4.2 NAME: Jean Hammond 4.3 STREET ADDRESS: 2436 9th Ave. So. 4.4 CITY-ST-ZIP: St. Petersburg FL 33712
TITLE: D	NAME: SANCHEZ, CHOCILE STREET ADDRESS: 2560 13TH AVE. S. CITY-ST-ZIP: ST. PETERSBURG FL 33712	5.1 TITLE:	5.2 NAME:
TITLE:	NAME:	6.1 TITLE: T	6.2 NAME: Johnny Roberson 6.3 STREET ADDRESS: 2476 melrose Ave So 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* DATE: 1-17-99 DAYTIME PHONE #: 727 843-2412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)