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FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005776 (7)
1. Corporation Name
NORTH BON AIR NEIGHBORHOOD, INC.



Principal Place of Business 3817 NORTH A STREET, WEST TAMPA FL 33609-2702	Mailing Address 3817 NORTH A STREET, WEST TAMPA FL 33609-2702
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3. Date Incorporated or Qualified 11/07/1996	
4. FEI Number 59-3411395	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**O'DONOGHUE, J E SR.
3915 FIG STREET, WEST
TAMPA FL 33609-1219**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *J.E. O'Donoghue Sr* **J.E. O'DONOGHUE SR (TREASURER)** **3/25/98**
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 D	<input type="checkbox"/> DELETE
NAME PATRICK, EDNA	
STREET ADDRESS 3817 NORTH A STREET, WEST	
CITY-ST-ZIP TAMPA FL 33609-2702	
TITLE D	<input type="checkbox"/> DELETE
NAME O'DONOGHUE, J E SR.	
STREET ADDRESS 3915 FIG STREET, WEST	
CITY-ST-ZIP TAMPA FL 33609	
TITLE D	<input type="checkbox"/> DELETE
NAME LONG, JOCELYN	
STREET ADDRESS 4007 FIG STREET, WEST	
CITY-ST-ZIP TAMPA FL 33609	
TITLE D	<input type="checkbox"/> DELETE
NAME CAUFANO, TINA	
STREET ADDRESS 3825 NORTH B STREET, WEST	
CITY-ST-ZIP TAMPA FL 33609	
TITLE D	<input type="checkbox"/> DELETE
NAME DAMASO, MICHAEL J	
STREET ADDRESS 3913 FIG STREET, WEST	
CITY-ST-ZIP TAMPA FL 33609	
TITLE D	<input type="checkbox"/> DELETE
NAME ACEVEDO, GREG	
STREET ADDRESS 3922 LEMON STREET, WEST	
CITY-ST-ZIP TAMPA FL 33609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Edna Patrick* **President** **3/25/98** **813**
877-2350

CPRE037 (10/97)