


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90060 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005776**

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/07/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3411395</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>O'DONOGHUE, J E SR.</b> <b>3915 FIG STREET, WEST</b> <b>TAMPA FL 33609-1219</b>	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 <b>FL</b>
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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: *J. E. O'Donoghue Sr.* DATE: **3/24/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D PATRICK, EDNA</b>	1.2 NAME	<b>D JESSICA TIEN</b>
STREET ADDRESS	<b>3817 NORTH A STREET, WEST</b>	1.3 STREET ADDRESS	<b>4017 FIG STREET, WEST</b>
CITY-ST-ZIP	<b>TAMPA FL 33609-2702</b>	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33609</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D O'DONOGHUE, J E SR.</b>	2.2 NAME	
STREET ADDRESS	<b>3915 FIG STREET, WEST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LONG, JOCELYN</b>	3.2 NAME	
STREET ADDRESS	<b>4007 FIG STREET, WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CALIFANO, TINA</b>	4.2 NAME	
STREET ADDRESS	<b>3825 NORTH B STREET, WEST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D DAMASO, MICHAEL J</b>	5.2 NAME	
STREET ADDRESS	<b>3913 FIG STREET, WEST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ACEVEDO, GREG</b>	6.2 NAME	
STREET ADDRESS	<b>3922 LEMON STREET, WEST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	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, with all other like empowered.

SIGNATURE: *Edna Patrick* **REQUIRED** DATE: **3/24/99** DAYTIME PHONE #: **(813) 877-2350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)