

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005776**  
 1. Entity 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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**DO NOT WRITE IN THIS SPACE**



02052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3411395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 PATRICK, EDNA  
 3817 NORTH A STREET WEST  
 TAMPA, FL 33609-2702

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Edna Patrick, ST All Information Correct 2/26/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATRICK, EDNA 3817 NORTH A STREET, WEST TAMPA, FL 336092702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONOGHUE, J E SR. 3915 FIG STREET, WEST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, HELEN 3920 CARMEN STREET WEST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINK, CHARLES W 3919 NORTH B STREET WEST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAMASO, MICHAEL J 3913 FIG STREET, WEST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIEN, JESSICA 4017 FIG STREET WEST TAMPA, FL 33609

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 03/02/05-80068-021 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edna Patrick, Edna Patrick, ST 2/26/05 (813) 877-2350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #