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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000248 (1)**
1. Corporation Name
DANSVILLE NEIGHBORHOOD DEVELOPMENT CORPORATION



Principal Place of Business 1806 LOMBARDY DRIVE CLEARWATER FL 34615	Mailing Address 1806 LOMBARDY DRIVE CLEARWATER FL 34615
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/16/1997	
4. FEI Number 59-3456699	Applied For <input 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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBINSON, E J 1806 LOMBARDY DRIVE CLEARWATER FL 34615	
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	ROBINSON, E J
STREET ADDRESS	1806 LOMBARDY DRIVE
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	<input type="checkbox"/> DELETE
NAME	THOMAS, WILLIE J SR.
STREET ADDRESS	12888 - 127TH STREET, NORTH
CITY-ST-ZIP	LARGO FL 33774-2621
TITLE	<input type="checkbox"/> DELETE
NAME	CAMPBELL, SONJIA
STREET ADDRESS	12888 - 127TH STREET, NORTH
CITY-ST-ZIP	LARGO FL 33774-2642
TITLE	<input type="checkbox"/> DELETE
NAME	JAMISON, SHIRLEY
STREET ADDRESS	2200 GLADYS STREET, UNIT #2902
CITY-ST-ZIP	LARGO FL 33774 (NEW ADDRESS)
TITLE	<input type="checkbox"/> DELETE
NAME	BALDWIN DAVID
STREET ADDRESS	12632 134TH AVENUE, NORTH
CITY-ST-ZIP	LARGO - FL 33774-1818
TITLE	<input type="checkbox"/> DELETE
NAME	BERNICE Campbell
STREET ADDRESS	12852 127TH STREET NORTH
CITY-ST-ZIP	LARGO - FL 33774-2621

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D CHERYL COLLIER REED
1.3 STREET ADDRESS	145, FORT HARRISON AVENUE SUITE 3050
1.4 CITY-ST-ZIP	CLEARWATER - FL 33756-5140
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	D SHIRLEY JAMISON
4.3 STREET ADDRESS	3155 ADRIAN AVENUE, APT. B
4.4 CITY-ST-ZIP	LARGO, FL 33774
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: **ROBINSON** 1/4/8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)