


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90082 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000248

1. Corporation Name

DANSVILLE NEIGHBORHOOD DEVELOPMENT CORPORATION

Principal Place of Business

1806 LOMBARDY DRIVE
CLEARWATER FL 34615

33755

Mailing Address

1806 LOMBARDY DRIVE
CLEARWATER FL 34615

33755



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/16/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3456699
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
ROBINSON, E J 1806 LOMBARDY DRIVE CLEARWATER FL 34615 33755		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, CHERYL COLLER	1.2 NAME	
STREET ADDRESS	14 S FORT HARRISON AVE SUITE 3050	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, WILLIE J SR.	2.2 NAME	
STREET ADDRESS	12888 - 127TH STREET, NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, SONJIA	3.2 NAME	
STREET ADDRESS	12888 - 127TH STREET, NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMISON, SHIRLEY	4.2 NAME	
STREET ADDRESS	3155 ADRIAN AVE APT B	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALWIN, DAVID	5.2 NAME	
STREET ADDRESS	12632 134TH AVE NO	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, BERNICE	6.2 NAME	
STREET ADDRESS	12852 127TH ST NO	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	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:

E. Robinson **SIGNATURE REQUIRED** **2. ROBINSON** **2/1/99** **(727) 446-4286**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

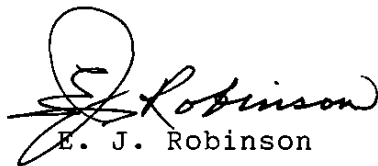
Daytime Phone #

CR2E037 (1/98)

272520-90114-3
N97000000248

Sorry for the omission in block 12:

- Title: President of Board
Name: E. J. Robinson
Street address: 1806 Lombardy Drive
City/St/Zip: Clearwater, Florida 33755

A handwritten signature in cursive script, appearing to read "E. J. Robinson". The signature is written in dark ink and is positioned above the printed name.

E. J. Robinson

Pres. Board of Directors