


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Oct 01 1998 8:00am<sup>8</sup>  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002071 (5)

1. Corporation Name

ALLEDALE TERRACE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business  755 35TH AVE N ST PETERSBURG FL 33704	Mailing Address  755 35TH AVE N ST PETERSBURG FL 33704
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3. Date Incorporated or Qualified <b>04/04/1997</b>	
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 PO Box 7026</b>	2a. Mailing Address <b>28 PO Box 7026</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23 St. Petersburg FL</b>	City & State <b>28 St. Petersburg, FL</b>
Zip <b>24 33734</b>	Country <b>25 USA</b>
Zip <b>28 33734</b>	Country <b>30 USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  BRYAN, HARDY W III 766 35TH AVE N ST PETERSBURG FL 33704	
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10. Name and Address of New Registered Agent  Name <b>Richard Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>866 35th Ave N</b> City <b>St. Petersburg</b> FL Zip Code <b>33704</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DV
NAME	BRYAN, HARDY W III	1.2 NAME	
STREET ADDRESS	766 35TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33704	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	DP
NAME	LANE, BILL	2.2 NAME	Richard Smith
STREET ADDRESS	3742 FOSTER HILL DR N	2.3 STREET ADDRESS	866 35th Ave N
CITY-ST-ZIP	ST PETERSBURG FL 33704	2.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	D	3.1 TITLE	D.
NAME	BUKER, PATSY	3.2 NAME	Julie Hovanyecz
STREET ADDRESS	750 39TH AVE N	3.3 STREET ADDRESS	3435 Haines Rd
CITY-ST-ZIP	ST PETERSBURG FL 33703	3.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	D	4.1 TITLE	DT
NAME	SMITH, BERNARD H	4.2 NAME	JANICE LAUTNER
STREET ADDRESS	950 38TH AVE N	4.3 STREET ADDRESS	145 4th Ave North
CITY-ST-ZIP	ST PETERSBURG FL 33704	4.4 CITY-ST-ZIP	St. Pete FL 33703
TITLE	D	5.1 TITLE	D
NAME	STEMPINSKI, GARY J	5.2 NAME	MARIE Stempinski
STREET ADDRESS	700 35TH AVE N	5.3 STREET ADDRESS	700 35th Ave N
CITY-ST-ZIP	ST PETERSBURG FL 33704	5.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	D	6.1 TITLE	DS
NAME	SMITH, ARLENE T	6.2 NAME	Arlene T. Smith
STREET ADDRESS	950 38TH AVE N	6.3 STREET ADDRESS	950 38th Ave N
CITY-ST-ZIP	ST PETERSBURG FL 33704	6.4 CITY-ST-ZIP	St. Petersburg, FL 33704

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 9/8/98 Daytime Phone #: 813-525-1092

CR2E037 (5/98)