


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

|  |   |  |
|--|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**FILED**

98 OCT 30 AM 9:23

**DOCUMENT # N97000004098 (6)**  
 1. Corporation Name  
**MYERS PARK NEIGHBORHOOD ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>1412 SOUTH MERIDIAN ST<br>TALLAHASSEE FL 32301 | Mailing Address<br>1412 SOUTH MERIDIAN ST<br>TALLAHASSEE FL 32301 |
|---|---|

3. Date Incorporated or Qualified  
07/18/1997

4. FEI Number  
**59-3526880**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

|                                 |                         |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address     |
| 22. Suite, Apt. #, etc.         | 27. Suite, Apt. #, etc. |
| 23. City & State                | 28. City & State        |
| 24. Zip                         | 29. Zip                 |
| Country                         | Country                 |

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**OLMSTEAD, ROBERT**  
 1412 SOUTH MERIDIAN ST  
 TALLAHASSEE FL 32301

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | DIRECTOR - TREASURER <input type="checkbox"/> DELETE |
| NAME           | CINDY COSTER   |
| STREET ADDRESS | 500 OAKLAND AVE                                      |
| CITY-ST-ZIP    | TALLA, FL 32301                                      |
| TITLE          | DIRECTOR <input type="checkbox"/> DELETE             |
| NAME           | LAURA OLMSTEAD                                       |
| STREET ADDRESS | 1412 S. MERIDIAN ST                                  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32301                                 |
| TITLE          | DIRECTOR <input type="checkbox"/> DELETE             |
| NAME           | INGOLF ASKEVOLD                                      |
| STREET ADDRESS | 1614 SO. MERIDIAN                                    |
| CITY-ST-ZIP    | TALLA FL 32301                                       |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | 500002679455-7  |
| 1.3 STREET ADDRESS | -11/03/98-01082-004   |
| 1.4 CITY-ST-ZIP    | *****61.25 *****61.25   |
| 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           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 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 19.07(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: Robert Olmstead, Pres. MPNA 7-11-98 850-224-8330  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001901

CR2E037 (5/98)