

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 031 ****61.25

DOCUMENT # N97000004098

Corporation Name

MYERS PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

12 SOUTH MERIDIAN ST
TALLAHASSEE FL 32301

Mailing Address

1412 SOUTH MERIDIAN ST
TALLAHASSEE FL 32301



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/18/1997
City & State	City & State	4. FEI Number
Zip	Zip	59-3526880
Country	Country	Applied For
25	29	Not Applicable
26	27	5. Certificate of Status Desired
28	30	8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing
OLMSTEAD, ROBERT		Trust Fund Contribution
1412 SOUTH MERIDIAN ST		5.00 May Be
TALLAHASSEE FL 32301		Added to Fees

OLMSTEAD, ROBERT
1412 SOUTH MERIDIAN ST
TALLAHASSEE FL 32301

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	COSTER, LINDA Cindy Cosper	1.2 NAME	
REET ADDRESS	520 OAKLAND AVE	1.3 STREET ADDRESS	
Y-ST-ZIP	TALLA FL 32301	1.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	OLMSTEAD, LAURA	2.2 NAME	
REET ADDRESS	1412 SOUTH MERIDIAN ST	2.3 STREET ADDRESS	
Y-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	ASKEVOLD, INGOLF	3.2 NAME	
REET ADDRESS	1614 SO. MERIDIAN ST.	3.3 STREET ADDRESS	
Y-ST-ZIP	TALLA FL 32301	3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-7-99 850-224-8330

CR2E037 (5/99)