


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90014 007 ****61.25

DOCUMENT # N97000004098

1. Entity Name
MYERS PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**1412 SOUTH MERIDIAN ST
 TALLAHASSEE, FL 32301**

Mailing Address
**1412 SOUTH MERIDIAN ST
 TALLAHASSEE, FL 32301**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country
 USA

03192006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3526880 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

OLMSTEAD, ROBERT
1412 SOUTH MERIDIAN ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert A. Olmstead* DATE *March 23, 2006*

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSPER, CINDY 520 OAKLAND AVE TALLA, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLMSTEAD, LAURÁ 1412 SOUTH MERIDIAN ST TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASKEVOLD, INGOLF 1614 SO. MERIDIAN ST. TALLA, FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> WHITE, RICHARD 1526 S GADSDEN STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, BRINNEN 1526 S GADSDEN STREET <i>1620 Golf Terrace</i> TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JENNIFER 1526 S GADSDEN STREET <i>1620 Golf Terrace</i> TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greg Hitz 1327 S. Meridian St Tallahassee FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Robert A. Olmstead* Date *03-23-06* Daytime Phone # *850-224-8330*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #