

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005851 (7)
1. Corporation Name
EUCLID/ST. PAUL'S NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 1240 15 AVE NO NO ST PETERSBURG FL 33704	Mailing Address 1240 15 AVE NO NO ST PETERSBURG FL 33704
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3. Date incorporated or Qualified
10/16/1997

4. FEI Number
59-3427167

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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

**PHIPPS, SUSAN R
1240 15 AVE NO
NO ST PETERSBURG FL 33704**

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMINSKI, VIVIAN	1.2 NAME	
STREET ADDRESS	1086 18 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NO ST PETERSBURG FL 33704	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, SUSAN R	2.2 NAME	
STREET ADDRESS	1240 15 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO ST PETERSBURG FL 33704	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LEILA	3.2 NAME	
STREET ADDRESS	1000 15 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO ST PETERSBURG FL 33704	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALES, WILLIAM	4.2 NAME	
STREET ADDRESS	1086 15 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NO ST PETERSBURG FL 33704	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

P, D

Rebecca Heinicke
1074 22nd Ave No
ST Petersburg, FL 33704

VD
Raoul Simon
925 15th Ave N.
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)(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: *[Signature]* **Rebecca Heinicke** 4/30/98 813-577-3771

CR2E037 (10/97)