


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90367 030 \*\*\*\*61.25

<b>DOCUMENT #</b> N98000002342	
<b>1. Entity Name</b> THE EUCLID HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.	

<b>Principal Place of Business</b> FIRST ALLIANCE CHURCH 5000 10TH ST N. SAINT PETERSBURG FL 33703 US	<b>Mailing Address</b> P. O. BOX 76101 SAINT PETERSBURG FL 33703 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b> 59-3596579	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TOMLINSON, RACHEL 5531 11TH ST NO SAINT PETERSBURG FL 33703	
<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> D <b>NAME</b> MOLTERE, SUSAN <b>STREET ADDRESS</b> 5830 13TH ST N <b>CITY-ST-ZIP</b> SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> TOMLINSON, RACHEL <b>STREET ADDRESS</b> 5531 11TH ST NO <b>CITY-ST-ZIP</b> SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> BOLVIN, DEAN <b>STREET ADDRESS</b> 1400 57 AVE NORTH <b>CITY-ST-ZIP</b> SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> STAGILE, DOLORES <b>STREET ADDRESS</b> 1138 52 AVE NO <b>CITY-ST-ZIP</b> ST PETERSBURG FL 33703	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> FERRARI, MICK P <b>STREET ADDRESS</b> 982 50TH AVENUE NORTH <b>CITY-ST-ZIP</b> ST PETERSBURG FL 33703	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> P <b>NAME</b> SALAZAR, JOHN <b>STREET ADDRESS</b> 5030 10TH ST N. <b>CITY-ST-ZIP</b> SAINT PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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 Section 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 all other like empowered.**

**SIGNATURE:** *Dean Bolvin* DEAN BOLVIN APR-26-06 727-5265555