


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002701 1. Entity Name FLORIANA PARK NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 308 N. 20TH ST. FT. PIERCE FL 34950-3817			Mailing Address 308 N. 20TH ST. FT. PIERCE FL 34950-3817		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0904445	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLER, L.C. 308 N. 20TH ST. FT. PIERCE FL 34950-3817				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MILLER, L.C. 308 N. 20TH ST. FT. PIERCE FL 34950-3817		TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000730408 05/08/07-80080-011 61.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ADKINS-COLLINS, CAROL 307 NORTH 20TH STREET FT. PIERCE FL 34950		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	RS MILLER, ELIZA 308 N 28TH ST FORT PIERCE FL 34950		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GILLIAM, PAMELA 113 N. 18TH ST. FT. PIERCE FL 34950		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change 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: _____

Pamela Gilliam

4/23/07 772-332-1330