

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001777

FILED  
Feb 15, 2009  
Secretary of State

**Entity Name:** GARDEN MANOR NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O BOX 40682  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

P.O BOX 40682  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

P.O BOX 40682  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

P.O BOX 40682  
SAINT PETERSBURG, FL 33710

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEALEY, JOHN  
6380 - 17TH PLACE N  
ST. PETERSBURG, FL 33710      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D                      ( ) Delete  
Name: FEININGER, HAROLD  
Address: 6348 17TH TERRACE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: ST                      ( ) Delete  
Name: NELSON, VIRGINIA  
Address: 6466 18TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D                      ( ) Delete  
Name: WILSON, SANDRA  
Address: 1741 - 65TH WAY N  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: COP                      ( ) Delete  
Name: BELL, BRADLEY  
Address: 1734 65TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: V                      ( ) Delete  
Name: WERDEN, MICHELLE  
Address: 1744 65 ST NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: COP                      ( ) Delete  
Name: HEALEY, JOHN  
Address: 6380 17TH PLACE  
City-St-Zip: SAINT PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADLEY H BELL

COP

02/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date