2001 UNIFORM BUSINESS REPORT (UBR)	Jun 07, 2001 8:00 am
OCUMENT # N9900007645	Secretary of State

1. Entity Na	arrie	007040				Secre	etary	ot Sta	te
SOUTH	H CITY NEIGHBORHOOD COM	MUNITY ASSOCIATION	ON, I			05-04-20	001 90044 (020 ****70.0	Ю
Principal Pla	ace of Business	Mailing Address							
804 GOLFVIE TALLAHASSE		804 Golfview Dr. Tallahassee Fl. 32301							
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2. Principal	Place of Business	3. Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Suite, Apt	1. #, etc.	Suite, Apt. #, etc.	,			DO NOT WRITE	IN THIS SPACE		
City & Sta	ale	City & State			4. FEI Numb	°59-3658	346	Applied For Not Applicable	
Zip	Country	Zip ,c	Co	untry	5. Certificate	of Status Desired	\$8.75 Fee Re	Additional	1
711	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered Agent	•	╛
<u>.</u>	•			Name				•	7
	MARYANIN FVIEW DR.			Street	Address (P.O. Box Numb	er is Not Acceptable)	•		_
	ISSEE FL 32301			İ					
				City	-		FL Zip	Code	1
		the purpose of changing its	ene intor		or registered agent, or bot	h, in the state of Florida	A.		ㅋ
8. The above	e named entity submits this statement for	man hankanan ar ar an alam Anna	i of Iztai	ea omce c					1
8. The above	a named entity submits this statement for	Ma	16F 12191	ea omce c	11				
	Variation Francis Coor	Ma	42	ed onice o	Mains	May 1, 200	1		
8. The above	Variation Francis Coor	etary Mar	42	u	Maus ture required when reinstating)	May 1, 200	1 DATE		
	Maryann Travis, Secr	etary Mar	42	u	Mains	May 1, 200			
	Maryann Travis, Secr	etary Muzz nd title if applicable. (NOT)	He platere	ed Agent signer	Maus ture required when reinstating) \$5.00 May Be	Make C	heck Payable		
	Maryann Travis, Secri	etary Muz.	He platere	ed Agent signe	Maus tue required when reinstating)	Make C	DATE		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

MOTO MARKED MARKE OF SCHOOL OF FICER ON DIE ECTOR SECRETARY 05/01/01

850/599-3379