

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730197

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC3231599167**

**Entity Name:** HISTORIC OLD NORTHEAST NEIGHBORHOOD ASSOCIATION OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

255 8TH AVE NE  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

P O BOX 76324  
ST PETERSBURG, FL 33734 US

**FEI Number: 23-7405683**

**Certificate of Status Desired: No**

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

MARSHALL, JAQUELIN PRES  
255 8TH AVE NE  
SAINT PETERSBURG, FL 33704 US

*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

**Officer/Director Detail :**

Title PD  
Name MARSHALL, JAQUELIN A  
Address 255 8TH AVE NE  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DVP  
Name MOTZENBECKER, PETER  
Address 112 10TH AVE NE  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DT  
Name CAVINESS, ANN N  
Address 700 BEACH DR NE  
City-State-Zip: SAINT PETERSBURG FL 33701

Title SEC  
Name GUILLAUME, DONNA  
Address 1020 BEACH DRIVE, NE  
City-State-Zip: SAINT PETERSBURG FL 33701

*I hereby 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 all other like empowered.*

**SIGNATURE: JAQUELIN A. MARSHALL**

**PRESIDENT**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date