2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2018
Secretary of State
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Entity Name: COUNCIL OF NORTH COUNTY NEIGHBORHOODS INC.

Current Principal Place of Business:

800 TARPON WOODS BLVD., STE. E-1
PALM HARBOR, FL 34685

Current Mailing Address:

P. O. BOX 2402
TARPON SPRINGS, FL 34688 US

FEI Number: 26-1200980

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIOLLA, JOHN
800 TARPON WOODS BLVD., STE. E-1
PALM HARBOR, FL 34685 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: JOHN MIOLLA 02/06/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	LIMA, TIMOTHY
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688

Title	TREA, DIRECTOR
Name	MOORE, ROBERT E II
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688

Title	SECRETARY, DIRECTOR
Name	CORRIGAN, RICHARD
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688

Title	VP, DIRECTOR
Name	LYNFORD, ERICA
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688

Title	DIRECTOR
Name	MIOLLA, JOHN
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688

Title	DIRECTOR
Name	HAAS, TERRY
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688

Title	DIRECTOR
Name	MCDONALD, JAMES
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688

Title	DIRECTOR
Name	SNOW, KELLI
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688

Continues on page 2

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: ROBERT E MOORE DIRECTOR & TREASURER 02/06/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PELUSO, KENNETH
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688

Title	DIRECTOR
Name	BROWN, DAVID
Address	P. O. BOX 2402
City-State-Zip:	TARPON SPRINGS FL 34688