

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004348

FILED
Feb 03, 2003
Secretary of State

Entity Name: NEIGHBORHOOD LENDING PARTNERS HOMEOWNERSHIP FUND, INC.

Current Principal Place of Business:

2002 NORTH LOIS AVENUE
SUITE 150
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2002 NORTH LOIS AVENUE
SUITE 150
TAMPA, FL 33607

New Mailing Address:

FEI Number: 33-1008304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA, INC
ONE TAMPA CITY CENTER, STE. 2100
201 NORTH FRANKLIN STREET
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Change (X) Addition
Name: TATREAU, KEVIN
Address: 1710 GEORGIA AVE. N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: V () Change (X) Addition
Name: RIVAS, CARLOS A
Address: 4622 CLOVERLAWN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: P/D () Change (X) Addition
Name: REYES, DEBRA S
Address: 4116 W. MCKAY AVE.
City-St-Zip: TAMPA, FL 33607

Title: D/C () Change (X) Addition
Name: BURKE, FRANK
Address: 13246 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33624

Title: D/S () Change (X) Addition
Name: CONEY, CHLOE
Address: 1920 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLOS A. RIVAS

V

02/03/2003

Electronic Signature of Signing Officer or Director

Date