2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

3/3

FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # N25174 NNE HOMEOWNERS ASSOC		03-03-2003 9	90462 032 **	**61.25			
Principal Place of Business 12959 STATE RD #54 ODESSA FL 33556		Mailing Address 12959 STATE RD #54 ODESSA FL 33556			BB) B(GF NEM BE) B B) \$1	PIA BYBAT SI BIL BYBAL BYB		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	·	4. FEI Number 6	0.00300E1		pplied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St		Fee Require	iltional d	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registe	red Agent		
		Name					••	
STARKEY, JAY B., JR. 12959 STATE ROAD 54 ODESSA FL 33556			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
002001	71.5000		City	FL Zip Code				
	named entity submits this statement to tions of registered agent. Signature, typed or printed name of registered agent.		igistered office or regit legistered Agent aignature req	· 		am familiar with,	and accept	
l	FILE NOW: FEE IS \$61.25	Trust Fund Cor	Trust Fund Contribution. Added to Fees Florida Dep			eck Payable to partment of State		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESAI, AKSHAY F 14039 POINTE ANNE DRIVE ODESSA FL 33556	Delete	NAME STREET ADDRESS	Jood, Wendy	(2)	Change	Addition CO	1200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS ALBERGO, NICHOLAS 14103 POINTE ANNE DRIVE ODESSA FL 33556	☐ Delete	NAME STREET ADDRESS	u-Arsiden Psai, Tina 4034 Abinte Odussa, Fi	t (D)	と Change	☐ Addition 83	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STARKEY, JAY B JR 12959 SR 54 ODESSA FL 33556	Oelete	NAME STREET ADDRESS CITY-ST-ZIP	Flatly Jay 1959 50 54 1959 13	BJr. 3556	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcts	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		(☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 life empowered.

SIGNATURE:

PHRECEAS G OFFICER OR DIRECTOR

813-920-5288