

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 FEB -3 PM 1:44

DOCUMENT # **N26155 (4)**  
1. Corporation Name  
**NEIGHBORHOOD F HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**4691 LAUREL OAK LANE NE ST. PETERSBURG FL 33703** **4691-LAUREL-OAK-LANE-NE ST.-PETERSBURG-FL-33703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/28/1988** 3a. Date of Last Report **04/04/1994**  
4. FEI Number **59-2900888** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1700 McMullen Booth Road**  
22 Suite, Apt. #, etc. **Suite C3**  
23 City & State **Clearwater, FL**  
24 Zip **34619** 25 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LARSON, JEFFERY C.  
4691-LAUREL-OAK-LANE-NE  
ST.-PETERSBURG-FL-33703~~

81 Name **Lennard A. Leighton, Seaboard Arbors Mgt.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1700 McMullen Booth Rd., C3**  
83  
84 City **Clearwater, FL** 85 Zip Code **34619**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/31/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **LARSON, WALTER I.**  
STREET ADDRESS **4320 54TH AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**  
TITLE **VTD**  
NAME **LARSON, JEFFREY C.**  
STREET ADDRESS **4320 54TH AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**  
TITLE **SD**  
NAME **CARNEY, MARY JO**  
STREET ADDRESS **621 BAY LAUREL CT., N.E.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 28 1995 (813) 893-1196**