

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business: **4691 LAUREL OAK LANE NE ST. PETERSBURG FL 33703**  
Mailing Address: **1700 MCMULLEN BOOTH ROAD SUITE C3 CLEARWATER FL 33703 US**

3. Date Incorporated or Qualified: **04/28/1988**  
3a. Date of Last Report: **02/03/1995**  
4. FEI Number: **59-2900868**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 1700 McMullen Booth Road**  
Suite, Apt. #, etc.: **22 Suite C-3**  
City & State: **23 Clearwater, Fl.**  
Zip: **24 34619** Country: **25 USA**

9. Name and Address of Current Registered Agent  
**LEIGHTON, LENNARD A  
1700 MCMULLEN BOOTH RD  
C3  
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FOUTZ, GENE	
STREET ADDRESS	898 WATE HYACINTH COURT NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CASTO, ROY	
STREET ADDRESS	718 CATTAIL COURT NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RITCH, JOANNA	
STREET ADDRESS	971 WATER LILY COURT NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASTO, NANCY	
STREET ADDRESS	718 CATTAIL COURT NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Seelke, Sara	
1.3 STREET ADDRESS	4727 Royal Palm Circle NE	
1.4 CITY-ST-ZIP	St. Petersburg, Fl. 33703	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Oeth, Bryan	
2.3 STREET ADDRESS	726 Cattail Ct. NE	
2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33703	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Glock, Jim	
4.3 STREET ADDRESS	786 Cattail Ct. NE	
4.4 CITY-ST-ZIP	St. Petersburg, Fl. 33703	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gross, David	
5.3 STREET ADDRESS	888 Water Hyacinth Ct. NE	
5.4 CITY-ST-ZIP	St. Petersburg, Fl. 33703	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: *Joanna Ritch* **2-5-96** **813-527-9556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)