

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26155** (4)
1. Corporation Name
NEIGHBORHOOD F HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 34619 US	Mailing Address 1700 MCMULLEN BOOTH ROAD SUITE C3 CLEARWATER FL 34619-2129 US
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3. Date Incorporated or Qualified 04/28/1988	3a. Date of Last Report 02/14/1996
4. FEI Number 59-2900868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

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 **Rampart Properties, Inc**
82 Street Address (P.O. Box Number is Not Acceptable)
10033 9th Street North, 2nd Floor
83
84 City **St. Petersburg** FL 85 Zip Code **33716**

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 Brian K. Smith **BRIAN K. SMITH, REGISTERED AGENT** DATE **6-16-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELKE, SARA	1.2 NAME	Seelke, Sara
STREET ADDRESS	4727 ROYAL PALM CIRCLE NE	1.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OETH, BRYAN	2.2 NAME	Oeth, Bryan
STREET ADDRESS	726 CATTAIL COURT NE	2.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITCH, JOANNA	3.2 NAME	Ritch, Joanna
STREET ADDRESS	971 WATER LILY COURT NE	3.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOCK, JIM	4.2 NAME	Glock, Jim
STREET ADDRESS	786 CATTAIL COURT NE	4.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, DAVID	5.2 NAME	Von Son, Peter
STREET ADDRESS	888 WATER HYACINTH CT. NE	5.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	ST PETERSBURG FL 33703	5.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Gleim, Holger
STREET ADDRESS		6.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg, Florida

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] **4/30/97 (812) 890-8000**

CFR2037 (9/96)