

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
1700 McMullen Booth Road SUITE C-3 CLEARWATER FL 34619 US		1700 McMullen Booth Road SUITE C-3 CLEARWATER FL 33703 US <i>c/o Rampart Prop</i>	
21	2. Principal Place of Business	2a	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	22	27	27
	City & State		City & State
23	23	28	28
	Zip		Zip
	Country		Country
24	24	29	29

3.	Date Incorporated or Qualified	04/28/1988
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
7.	Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

RAMPART PROPERTIES, INC
10033 9TH STREET NORTH, 2ND FLOOR
~~60~~
ST PETERSBURG FL 33716

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEELKE, SARA	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OETH, BRYAN-	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RITCH, JOANNA-	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLOCK, JIM	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VON SON, PETER	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLEM, HOLGER	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jool Kallhoff	
1.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jim Glock	
3.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
4.1 TITLE	UPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Anne Wiley	
4.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] **APR 1, 1998** (813) 54-2995

CFR2037 (1097)