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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26155

1. Corporation Name
NEIGHBORHOOD F HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business C/O RAMPART PROP 10033 9TH STREET N 2ND FLOOR ST PETERSBURG FL 33716 US	Mailing Address C/O RAMPART PROP 10033 9TH STREET NO 2ND FLOOR ST PETERSBURG FL 33716 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/28/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2900868
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

RAMPART PROPERTIES, INC
10033 9TH STREET NORTH, 2ND FLOOR
~~CA~~
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SEELKE, SARA	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KALLET, JOEL	
STREET ADDRESS	10033 NINTH ST N 2ND FLOOR	
CITY-ST-ZIP	ST. PETERSBURG FL 33716-3805	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLOCK, JIM	
STREET ADDRESS	10033 NINTH STREET N 2ND FLOOR	
CITY-ST-ZIP	ST PETERSBURG FL 33716-3805	
TITLE	VPD II	<input type="checkbox"/> DELETE
NAME	WILEY, ANNE	
STREET ADDRESS	10033 NINTH ST N 2ND FLOOR	
CITY-ST-ZIP	ST. PETERSBURG FL 33716-3805	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VON SON, PETER	
STREET ADDRESS	10033 NINTH STREET N. 2ND FLOOR	
CITY-ST-ZIP	ST PETERSBURG FL 33716-3805	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GLEIM, HOLGER	
STREET ADDRESS	10033 NINTH STREET N 2ND FLOOR	
CITY-ST-ZIP	ST PETERSBURG FL 33716-3805	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VPD I I S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	FOUTZ, GENE	
13 STREET ADDRESS	10033 9th St. N. - 2nd Fl	
14 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
21 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D/V P II	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	HEACSY, MARK	
53 STREET ADDRESS	10033 9th Street N. - 2nd Floor	
54 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	BARKER, BRIAN	
63 STREET ADDRESS	10033 9th St. N. - 2nd Floor	
64 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)(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, with all other like empowered.

SIGNATURE: _____ DATE: **3/9/99** DAYTIME PHONE #: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)