

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90052 005 ****61.25

DOCUMENT # N26155

1. Entity Name

NEIGHBORHOOD F HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RAMPART PROP
 10033 9TH STREET N 2ND FLOOR
 ST PETERSBURG FL 33716
 US

C/O RAMPART PROP
 10033 9TH STREET NO 2ND FLOOR
 ST PETERSBURG FL 33716-3804
 US

832596



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2900868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMPART PROPERTIES, INC
10033 9TH STREET NORTH, 2ND FLOOR
C3
ST PETERSBURG FL 33716

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **VPD POUTZ, GENE**
 STREET ADDRESS: **10033 9TH STREET NORTH**
 CITY-ST-ZIP: **ST. PETERSBURG FL**

TITLE: Change Addition
 NAME: **D Mullaney, John**
 STREET ADDRESS: **10033 9th Street N. 2nd Floor**
 CITY-ST-ZIP: **St. Petersburg, Florida 33716-3805**

TITLE: Delete
 NAME: **D KALLET, JOEL**
 STREET ADDRESS: **10033 NINTH ST N 2ND FLOOR**
 CITY-ST-ZIP: **ST. PETERSBURG FL 33716-3805**

TITLE: Change Addition
 NAME: **T Spence, John**
 STREET ADDRESS: **10033 9th Street N. 2nd Floor**
 CITY-ST-ZIP: **St. Petersburg, Florida 33716-3805**

TITLE: Delete
 NAME: **PD GLOCK, JIM**
 STREET ADDRESS: **10033 NINTH STREET N 2ND FLOOR**
 CITY-ST-ZIP: **ST PETERSBURG FL 33716-3805**

TITLE: Change Addition
 NAME: **SD Deininger, Barbara**
 STREET ADDRESS: **10033 9th Street N. 2nd Floor**
 CITY-ST-ZIP: **St. Petersburg, Florida 33716-3805**

TITLE: Delete
 NAME: **VPD, PD WILEY, ANNE**
 STREET ADDRESS: **10033 NINTH ST N 2ND FLOOR**
 CITY-ST-ZIP: **ST. PETERSBURG FL 33716-3805**

TITLE: Change Addition
 NAME: **D Van Son, Peter**
 STREET ADDRESS: **10033 9th Street N. 2nd Floor**
 CITY-ST-ZIP: **St. Petersburg, Florida 33716-3805**

TITLE: Delete
 NAME: **D BARKER, BRIAN**
 STREET ADDRESS: **10033 NINTH STREET N 2ND FLOOR**
 CITY-ST-ZIP: **ST PETERSBURG FL 33716-3805**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date

Daytime Phone #

4/4/00 517-2200

1861 (1/99)