

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90137 046 ****61.25

0042619

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
 US

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 NAME	VPD MULLANEY, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10033 9TH STREET N. 2ND FLOOR SAINT PETERSBURG FL 33716	
TITLE NAME	TD SPENCE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10033 NINTH ST N 2ND FLOOR ST. PETERSBURG FL 33716-3805	
TITLE NAME	SD DEININGER, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10033 NINTH STREET N 2ND FLOOR ST PETERSBURG FL 33716-3805	
TITLE NAME	PD WILEY, ANNE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10033 NINTH ST N 2ND FLOOR ST. PETERSBURG FL 33716-3805	
TITLE NAME	D BARKER, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10033 NINTH STREET N 2ND FLOOR ST PETERSBURG FL 33716-3805	
TITLE NAME	D VAN SON, PETER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10033 9TH STREET N 2ND FLOOR SAINT PETERSBURG FL 33716-3805	

TITLE NAME	D Stephen Geis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	10033 Ninth Street North St. Petersburg, FL 33716	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

ANN WILEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ANN WILEY** 7/27/02 727-511-2200

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE