

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26155

Entity Name: NEIGHBORHOOD F HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 28, 2016
Secretary of State
CC4607307491

Current Principal Place of Business:

9887 FOURTH STREET NORTH
ST PETERSBURG, FL 33702

Current Mailing Address:

C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH 301
ST PETERSBURG, FL 33702 US

FEI Number: 59-2900868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH
SUITE 301
ST PETERSBURG, FL 33702 US

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: MARLENE SHAW

04/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THORNTON, ALICIA
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH 301
City-State-Zip: ST PETERSBURG FL 33702

Title VP
Name BARKER, BRIAN
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH 301
City-State-Zip: ST PETERSBURG FL 33702

Title TREASURER
Name KAZMIERSKI, DIANE
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH 301
City-State-Zip: ST PETERSBURG FL 33702

Title SECRETARY
Name SHAMAS, BETTY
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH 301
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR
Name WILEY, ANNE
Address 9887 FOURTH STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR
Name MULLANEY, JOHN
Address 9887 FOURTH STREET NORTH
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title VP
Name DAVIS, RAE CHELLE
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH 301
City-State-Zip: ST PETERSBURG FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALICIA THORNTON

PRESIDENT

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date