

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26155

**Entity Name:** NEIGHBORHOOD F HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

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

03/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MULLANEY, JOHN  
Address        9887 FOURTH STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            SECRETARY  
Name            SHAMAS, BETTY  
Address        9887 FOURTH STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33702

Title            TREASURER  
Name            KAZMIERSKI, DIANE  
Address        9887 FOURTH STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            BARKER, BRIAN  
Address        9887 FOURTH STREET NORTH  
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            THORTON, ALICIA  
Address        9887 FOURTH STREET NORTH  
301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            MARDER, ALICIA  
Address        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:** JOHN MULLANEY

PRESIDENT

03/10/2014

Electronic Signature of Signing Officer/Director Detail

Date