

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26155

Entity Name: NEIGHBORHOOD F HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 29, 2024
Secretary of State
2343706501CC

Current Principal Place of Business:

C/O HARBECK HOSPITALITY
2626 TAMPA RD SUITE203
PALM HARBOR, FL 34684

Current Mailing Address:

C/O HARBECK HOSPITALITY
2626 TAMPA RD SUITE203
PALM HARBOR, FL 34684 US

FEI Number: 59-2900868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKOREWICZ, KEITH
BECKER LAW
360 CENTRAL AVE SUITE 800
SAINT PETERSBURG, FL 33701 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: KEITH SKOREWICZ

02/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THORNTON, ALICIA
Address C/O HARBECK HOSPITALITY
 2626 TAMPA RD SUITE203
City-State-Zip: PALM HARBOR FL 34684

Title VP
Name BARKER, BRIAN
Address C/O HARBECK HOSPITALITY
 2626 TAMPA RD SUITE203
City-State-Zip: PALM HARBOR FL 34684

Title TREASURER
Name CURTIS , LAUREN
Address C/O HARBECK HOSPITALITY
 2626 TAMPA RD SUITE203
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name SMITH, BURKS A III
Address C/O HARBECK HOSPITALITY
 2626 TAMPA RD SUITE203
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name JOHNSON, GWENDOLYN
Address C/O HARBECK HOSPITALITY
 2626 TAMPA RD SUITE203
City-State-Zip: PALM HARBOR FL 34684

Title SECRETARY
Name HOLLIDAY, DEBORAH
Address C/O HARBECK HOSPITALITY
 2626 TAMPA RD SUITE203
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name SCHNEIDER, MATTHEW
Address C/O HARBECK HOSPITALITY
 2626 TAMPA RD SUITE203
City-State-Zip: PALM HARBOR FL 34684

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: THORNTON , ALICIA

PRESIDENT

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date