

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90333 001 ***317.50

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1. Entity Name
ENEIGHBORHOODS, INC.



Principal Place of Business
**621 NW 53RD ST., SUITE 450
BOCA RATON, FL 33487**

Mailing Address
**621 NW 53RD ST., SUITE 450
BOCA RATON, FL 33487**

66018179



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0033884

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIEGEL, STU
621 NW 53RD ST., SUITE 450
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIEGEL, STUART
STREET ADDRESS	3785 COVENTRY LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	V
NAME	MEYER, JERRY
STREET ADDRESS	5545 N. MILITARY TRIAL #2304
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	S
NAME	MEYER, DAVE
STREET ADDRESS	3700 S. OCEAN BLVD. #1604
CITY-ST-ZIP	HIGHLAND BCH, FL 33487
TITLE	CFO
NAME	SMITH, EDWARD
STREET ADDRESS	ONE PARK PLACE, SUITE 450
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 981-9722