# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2005**
**Secretary of State**

DOCUMENT# F99000006059

**Entity Name:** NEIGHBORHOOD AMERICA, INC.

**Current Principal Place of Business:**

2210 VANDERBILT BEACH RD., SUITE 1300
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2210 VANDERBILT BEACH RD., SUITE 1300
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number: 65-0864012** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOBZA, KIM P
2210 VANDERBILT BEACH RD., SUITE 1300
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: KOBZA, KIM P
Address: 393 FLAMINGO AVENUE
City-St-Zip: NAPLES, FL 34109

Title: VSD ( ) Delete
Name: BANKSTON, DAVID
Address: 9664 WILSHIRE LAKES BLVD
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete
Name: BRACHLE, GERALD
Address: 4492 MERCANTILE AVE
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: LUTGERT, SCOTT
Address: 4200 GULFSHORE BLVD N.
City-St-Zip: NAPLESO, FL 34103

Title: D ( ) Delete
Name: CLAUSSEN, ROBERT
Address: 6025 CARLTON LAKES BLVD
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: ARMALAVAGE, RICHARD
Address: 1845 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BRACHLE, GERALD
Address: 8204 LOWBANK DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change ( ) Addition
Name: LUTGERT, SCOTT
Address: 4200 GULFSHORE BLVD N.
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI BACON DIR 01/04/2005

Electronic Signature of Signing Officer or Director — Date