

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006086

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** NEIGHBORHOOD NINE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

**New Principal Place of Business:**

2100 TAMIAMI TRAIL SOUTH  
SUITE C  
VENICE, FL 34293

**Current Mailing Address:**

2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

**New Mailing Address:**

6039 MANASOTA KEY RD  
ENGLEWOOD, FL 34223

**FEI Number:** 20-1564775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PFLUGNER, J GEOFFREY  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237 US

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

KORZILIUS, ERIK V  
2100 TAMIAMI TRAIL SOUTH  
SUITE C  
VENICE, FL 34293 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: ERIK V. KORZILIUS

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P ( ) Change (X) Addition  
Name: ARP, DAVID L  
Address: 2100 TAMIAMI TRAIL SOUTH, SUITE C  
City-St-Zip: VENICE, FL 34293

Title: VP ( ) Change (X) Addition  
Name: SANDSTROM, KENNETH  
Address: 2100 TAMIAMI TRAIL SOUTH, SUITE C  
City-St-Zip: VENICE, FL 34293

Title: S ( ) Change (X) Addition  
Name: NAJAR, FAYE  
Address: 2100 TAMIAMI TRAIL SOUTH, SUITE C  
City-St-Zip: VENICE, FL 34293

Title: T ( ) Change (X) Addition  
Name: ARP, CATHERINE  
Address: 2100 TAMIAMI TRAIL SOUTH, SUITE C  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. ARP

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date