


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90028 022 ****61.25

DOCUMENT # N04000006184	
1. Entity Name NEIGHBORHOOD EIGHT HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237
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40047410



2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 666
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02112008 Chg-NP CR2E037 (12/06)

City & State	City & State Englewood FL
Zip	Zip 34295
Country	Country USA

4. FEI Number 20-1564770	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PFLUGNER, J. GEOFFREY 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DOUG 2033 MAIN STREET SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3-13-08** **941-475-5444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #