FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N04447

(1)

NEIGHBORHOOD B HOMFOWNERS! ASSOCIATION, INC.

REIGHBORHOOD B HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business Mailing Address					: :	901 DIEN 9181: BIBN 81811 BIBN 61811 1981	
PO BOX 12709 PO BOX 12709 ST PETERSBURG FL 33733 ST PETERSBURG FL 337.		3					
				3	Date Incorporated or Qualified 07/25/1984	3a. Date of Last Report 08/10/1995	
2. Principal Place of Business 21 3001 Executive DR. 2a. Mailing Address 26 3001 Executive			utive br.	4	. FEI Number 59-2454551	Applied For Not Applicable	
Suite, Apt.	ite 260	Suite Apl. #, etc. 2	60	5	. Certificate of Status Desired	S8.75 Additional Fee Required	
	irwater, FL	City & State 28 Clearwater	FL	6	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 346	Country U-S-A	•		Yes No			
					10. Name and Address of New Registered Agent		
81 Name Rance					l E. McNeal		
HUTSON, CATHY M 300 31ST STREET NORTH, SUITE #125				Address P.O. Box Number is Not Acceptable Clates			
ST PET	Ersburg FL 33173		83	3001	Executive D	rive #260	
			84 City	Cles	arwater,	FL 85 Zp Code 34/622	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am							
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE HAND E- MCTICAL SCALE WILLS 4/10/96 Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature imprined when resolutions): DATE						110/96	
12.	OFFICERS AND		13.	responded when a	ADD TIONS (CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TOTLE	PD	DELETE	1.1 TITLE			Change	
NAME	WAGNER, GARY		1.2 NAME			* - G	
STREET ADDRESS	509 MORENO CIR N.E.		1 3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY - ST - ZIP			<i>.33703</i>	
TITLE	VD	DELETE	2 1 TITLE			Change Addition	
NAME	SREJMA, JOHN		2.2 NAME			·	
STREET ADDRESS	649 QUINANNA PL NE		2 3 STREET ADORESS				
CITY-ST-ZIP	ST PETERSBURG FL		2 4 CITY - ST - ZIP			<i>3</i> 3703	
TITLE	SD	DELETE	3 1 TITLE			Change Addition	
NAME	PEPPER, ADINA		3.2 NAME			•	
STREET ADDRESS	511 PADUA CIRCLE NE		3 3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		34 CITY-ST-ZIP			33743	
TITLE	TD	DELETE	4.1 TITLE	V/B		Change Addition	
NAME	DEFONSO, VICTOR		4. 2 NAME	•			
STREET ADDRESS	531 PADUA CIR., N.E.		4.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY - ST - ZIP	ļ		33703	
TITLE	TD	DELETE	S 1 TITLE			Change 🔲 Addition	
NAME	MARSHALL, STEVEN		5 2 NAME				
STREET ADDRESS	535 PADUA CIRCLE NE		53 STREET ADDRESS			07707	
CITY-ST-ZIP	ST PETERSBURG FL	Clocusto	5 4 CITY - S1 - ZIP	ļ	·	33703	
TETLE		DELETE	6 1 TITLE			Change 🛗 Addition	
NAME			6.2 NAME			1	
STREET ADDRESS			63 STREET ADDRESS	}			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	ĺ			

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if plantsed, or on an exactiment with an address.

SIGNATURE!

Hotor Stanso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date