

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04447** (1)

1. Corporation Name

NEIGHBORHOOD B HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3001 EXECUTIVE DR
SUITE 260
CLEARWATER FL 34622
US

3001 EXECUTIVE DR
SUITE 260
CLEARWATER FL 34622-3369
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MONEAL, RAND E.~~
CONDO MINUM ASSOCIATES
3001 EXECUTIVE DRIVE #260
CLEARWATER FL 34622

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Richard P. Smith, President Cathy P. Chavira, Vice Pres. 4-7-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, GARY	
STREET ADDRESS	509 MORENO CIR N.E.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SREJMA, JOHN	
STREET ADDRESS	649 QUINANNA PL NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PEPPER, ADINA	
STREET ADDRESS	511 PADUA CIRCLE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEFONSO, VICTOR	
STREET ADDRESS	531 PADUA CIR., N.E.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARSHALL, STEVEN	
STREET ADDRESS	535 PADUA CIRCLE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P SREJMA, JOHN
2.3 STREET ADDRESS	649 QUINANNA PL. NE
2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JEANINE WALLACE
3.3 STREET ADDRESS	605 QUINANNA PL. N.E.
3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T. RICHARD SMITH
4.3 STREET ADDRESS	188 AVILA CIRCLE
4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S MARSHALL, STEVEN
5.3 STREET ADDRESS	535 PADUA CIRCLE NE
5.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MAJORIE SOMMER
6.3 STREET ADDRESS	1848 CORDOVA BLVD.
6.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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 changed, or on an attachment with an address.

SIGNATURE: Richard P. Smith **RICHARD P. SMITH** 4/10/97
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0067478

FILED
Apr 17 1997 8:00am
Secretary of State



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