


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO4447 (1)
1. Corporation Name
NEIGHBORHOOD B HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622 US	Mailing Address 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622 US
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3. Date Incorporated or Qualified 07/25/1984
4. FEI Number 59-2454551
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 3001 Executive Dr Suite, Apt. #, etc. 22 Suite 260 City & State 23 Clearwater FL Zip 24 33762	2a. Mailing Address 25 3001 Executive Dr Suite, Apt. #, etc. 26 Suite 260 City & State 27 Clearwater FL Zip 28 33762
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MCNEAL, RAND E. CONDO MINUM ASSOCIATES 3001 EXECUTIVE DRIVE #260 CLEARWATER FL 34622
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10. Name and Address of New Registered Agent 81 Name Condominium Associates 82 Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Drive 83 Suite 260 84 City Clearwater FL 85 Zip Code 33762
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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 Condominium Associates By Rand E. McNeal, President **2-10-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOMMER, MARJORIE	
STREET ADDRESS	1298 CORDOVA BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SREJMA, JOHN	
STREET ADDRESS	649 QUINANNA PL NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALLACE, JEANINE	
STREET ADDRESS	625 QUINANNA PL NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MITH, RICHARD	
STREET ADDRESS	488 AVILA CIR	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, STEVEN	
STREET ADDRESS	535 PADUA CIRCLE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Trea	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Smith, Richard	
4.3 STREET ADDRESS	488 Avila Cir	
4.4 CITY-ST-ZIP	St Petersburg, FL	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Schriever, Neil	
5.3 STREET ADDRESS	607 Padua Cir	
5.4 CITY-ST-ZIP	St. Petersburg, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: [Signature] **2/17/98** **813-573-9300**

CR2E037 (10/97)