

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:18****DOCUMENT # N04461 (2)**

1. Corporation Name

NEIGHBORHOOD A HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619****1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/19843a. Date of Last Report
04/04/1994

4. FEI Number

59-2454544

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐**\$68.75 Supplemental
Fee Not Required**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**HICKS JOYCE M
C/O SEABOARD ARBORS MANAGEMENT SVCS INC
1700 MCMULLEN BOOTH ROAD SUITE C-3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name

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

83 **494 St. Tropez Cir. N.E.**84 **St. Petersburg**

City

FL

85

Zip Code

33703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

Virginia Boynton

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-95

12. OFFICERS AND DIRECTORS

**VD
ALLEN, JUDY
539 ST TROPEZ CIR NE
ST PETERSBURG FL****PD
BOYNTON, VIRGINIA
494 ST. TROPEZ CIR. N.E.
ST PETERSBURG FL****VD
FRISBIE, EDWARD
490 ST. TROPEZ CIR. N.E.
ST PETERSBURG FL****TD
SHARP, COVINGTON
499 ST TROPEZ CIR NE
ST. PETERSBURG FL****SD
ELY, PATRICIA
542 ST. TROPEZ CIR NE
ST. PETERSBURG FL****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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:

*Virginia Boynton***VIRGINIA BOYNTON****2/21/95****527-1792**

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone