

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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SUITE C-3
CLEARWATER FL 34619**

3. Date Incorporated or Qualified
07/25/1984

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYUTON, VIRGINIA
494 ST TRAPN CIR NE
ST PETERSBURG FL 33703**

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 **VIRGINIA BOYNTON**
Signature, typed or printed name of registered agent and state if applicable

Virginia Boynton
(NOTE: Registered Agent signature required when reinstating)

1-26-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **ALLEN, JUDY**
STREET ADDRESS **539 ST TROPEZ CIR NE**
CITY - ST - ZIP **ST PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **PD** ☐ DELETE
NAME **BOYNTON, VIRGINIA**
STREET ADDRESS **494 ST. TROPEZ CIR. N.E.**
CITY - ST - ZIP **ST PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE
NAME **FRISBIE, EDWARD**
STREET ADDRESS **490 ST. TROPEZ CIR. N.E.**
CITY - ST - ZIP **ST PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **SHARP, COVINGTON**
STREET ADDRESS **499 ST TROPEZ CIR NE**
CITY - ST - ZIP **ST. PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **ELY, PATRICIA**
STREET ADDRESS **542 ST. TROPEZ CIR NE**
CITY - ST - ZIP **ST. PETERSBURG FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 (813) 527-1792
Date Daytime Phone #

CR2E037 (12/95)