

FILE NOW: FILING FEE IS \$61.25

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Jun 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619-2129

3. Date Incorporated or Qualified 07/25/1984
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
21 4691 Laurel Oak Lane NE 26 4691 Laurel Oak Lane NE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 - 27 -
City & State City & State
23 ST. PETERSBURG FL 28 ST. PETERSBURG FL
Zip Country Zip Country
24 33703 25 U.S.A. 29 33703 30 U.S.A.

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
BOYUTON, VIRGINIA
404 ST TRAPN CIR NE
ST PETERSBURG FL 33703
10. Name and Address of New Registered Agent
81 Name Priscilla Ely
82 Street Address (P.O. Box Number is Not Acceptable) 542 St. Tropez Circle N.E.
83
84 City St. Petersburg FL 85 Zip Code 33703

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 Priscilla Ely Priscilla Ely 2-27-97
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JUDY	1.2 NAME	Allen, Judy
STREET ADDRESS	539 ST TROPEZ CIR NE	1.3 STREET ADDRESS	539 St. Tropez Cir. NE
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg FL 33703
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYNTON, VIRGINIA	2.2 NAME	Ely, Priscilla
STREET ADDRESS	404 ST. TROPEZ CIR. N.E.	2.3 STREET ADDRESS	542 St. Tropez Circle NE
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg FL 33703
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRISBIE, EDWARD	3.2 NAME	Kay Lyon
STREET ADDRESS	400 ST. TROPEZ CIR. N.E.	3.3 STREET ADDRESS	519 St. Tropez Cir. N.E.
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg FL 33703
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARP, COVINGTON	4.2 NAME	Irene Robinson
STREET ADDRESS	409 ST TROPEZ CIR NE	4.3 STREET ADDRESS	543 St. Tropez Cir. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg FL 33703
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELY, PATRICIA	5.2 NAME	Ruby DeLargy
STREET ADDRESS	542 ST. TROPEZ CIR NE	5.3 STREET ADDRESS	514 St. Tropez Cir. NE
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg FL 33703
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

CR2E037 (9/96)