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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04461

1. Corporation Name

NEIGHBORHOOD A HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4691 LAUREL OAK LANE NE
ST. PETERSBURG FL 33703
US

Mailing Address

4691 LAUREL OAK LANE N.E.
SUITE C-3
ST. PETERSBURG FL 33703
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/25/1984

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

9. Name and Address of Current Registered Agent

ELY, PRISCILLA
542 ST TROPEZ CIR N.W.
542 ST. TROPEZ CIR E.
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

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: *Priscilla Ely*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE: TD
NAME: ALLEN, JUDY
STREET ADDRESS: 539 ST TROPEZ CIR N.E.
CITY-ST-ZIP: ST PETERSBURG FL

TITLE: PD
NAME: ELY, PRISCILLA
STREET ADDRESS: 542 ST TROPEZ CIR N.E.
CITY-ST-ZIP: ST PETERSBURG FL

TITLE: VD
NAME: LYON, KAY
STREET ADDRESS: 519 ST TROPEZ CIR N.E.
CITY-ST-ZIP: ST PETERSBURG FL

TITLE: VD
NAME: ROBINSON, IRENE
STREET ADDRESS: 543 ST TROPEZ CIR N.E.
CITY-ST-ZIP: ST. PETERSBURG FL

TITLE: SD
NAME: DELARGY, RUBY
STREET ADDRESS: 514 ST TROPEZ CIR N.E.
CITY-ST-ZIP: ST. PETERSBURG FL

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

2.1 TITLE: TD
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4.1 TITLE: SD
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE: VD
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6.1 TITLE:
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, with all other like empowered.

SIGNATURE: *Priscilla Ely*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (727)821-9494
Date Daytime Phone #

CR2E037 (11/98)