

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04461

1. Entity 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 33703-3132  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2454544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

LYON, Kay E.  
Street Address (P.O. Box Number is Not Acceptable)

519 ST. TROPEZ CIR. NE

City

St. Petersburg

FL

Zip Code

33703

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Kay E. Lyon Kay E. Lyon, President

4/7/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ALLEN, JUDY            |                                            |
| STREET ADDRESS | 539 ST TROPEZ CIR N.E. |                                            |
| CITY-ST-ZIP    | ST PETERSBURG FL       |                                            |
| TITLE          | TD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ELY, PRISCILLA         |                                            |
| STREET ADDRESS | 542 ST TROPEZ CIR N.E. |                                            |
| CITY-ST-ZIP    | ST PETERSBURG FL       |                                            |
| TITLE          | VD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | LYON, KAY              |                                            |
| STREET ADDRESS | 519 ST TROPEZ CIR N.E. |                                            |
| CITY-ST-ZIP    | ST PETERSBURG FL       |                                            |
| TITLE          | SP                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ROBINSON, IRENE        |                                            |
| STREET ADDRESS | 543 ST TROPEZ CIR N.E. |                                            |
| CITY-ST-ZIP    | ST. PETERSBURG FL      |                                            |
| TITLE          | VD                     | <input type="checkbox"/> Delete            |
| NAME           | DELARGY, RUBY          |                                            |
| STREET ADDRESS | 514 ST TROPEZ CIR N.E. |                                            |
| CITY-ST-ZIP    | ST. PETERSBURG FL      |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LYON, Kay E.            |                                                                              |
| STREET ADDRESS | 519 St. Tropez Cir NE   |                                                                              |
| CITY-ST-ZIP    | St. Petersburg FL 33703 |                                                                              |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | wedler, Raymond         |                                                                              |
| STREET ADDRESS | 535 St. Tropez Cir NE   |                                                                              |
| CITY-ST-ZIP    | St. Petersburg FL 33703 |                                                                              |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Robinson, Irene         |                                                                              |
| STREET ADDRESS | 543 St. Tropez Cir NE   |                                                                              |
| CITY-ST-ZIP    | St Petersburg FL 33703  |                                                                              |
| TITLE          | SP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lipe, Diane             |                                                                              |
| STREET ADDRESS | 531 St. Tropez Cir NE   |                                                                              |
| CITY-ST-ZIP    | St. Petersburg FL 33703 |                                                                              |
| TITLE          | VD                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Delargy Ruby            |                                                                              |
| STREET ADDRESS | 514 St. Tropez Cir NE   |                                                                              |
| CITY-ST-ZIP    | St. Petersburg FL 33703 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KAY E. LYON, PRES

4/7/00

727 526-6731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)