

2001 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
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

LYON, KAY E
519 ST TROPEZ CIR NE
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 TD ☐ Delete
NAME WEDLER, RAYMOND
STREET ADDRESS 535 ST TROPEZ CIR NE
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE VD ☒ Delete
NAME ROBINSON, IRENE
STREET ADDRESS 543 ST TROPEZ CIR NE
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE PD ☒ Delete
NAME LYON, KAY
STREET ADDRESS 519 ST TROPEZ CIR N.E.
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE SP ☐ Delete
NAME LIPE, DIANE
STREET ADDRESS 531 ST TROPEZ CIR NE
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE VD ☒ Delete
NAME DELARGY, RUBY
STREET ADDRESS 514 ST TROPEZ CIR N.E.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☒ Addition
NAME Richards, Frank
STREET ADDRESS 499 St. Tropez Cir NE
CITY-ST-ZIP St. Petersburg FL 33703

TITLE PD ☒ Change ☒ Addition
NAME Davis, Lawrence
STREET ADDRESS 502 St. Tropez Cir NE
CITY-ST-ZIP St. Petersburg FL 33703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME Lyon, Kay
STREET ADDRESS 519 St Tropez Cir NE
CITY-ST-ZIP St. Petersburg FL 33703

TITLE ☐ Change ☐ 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/9/01 Daytime Phone # 727 526-6731



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)