## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N04461**

1. Entity Name

## NEIGHBORHOOD A HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4691 LAUREL OAK LANE NE ST. PETERSBURG FL 33703

4691 LAUREL OAK LANE N.E.

SUITE C-3

ST. PETERSBURG FL 33703

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**FILED** 

04-29-2002 90129 007 \*\*\*\*61.25

Apr 29, 2002 8:00 am Secretary of State

UO										HIRI HIRI IIA				
2. Principal F	2. Principal Place of Business 3. Mailing Address						-							
Suite; Apt	; Apt. #, etc. Suite, Apt. #, etc.					-		DO NOT WRITE IN THIS SPACE						
City & Sta	State City & State						-	4. FEI Number 59-2454544 Applied For Not Applicable						
Zip		Zip Country			5 Certificate of Status Desired \$8.75 Additional					1				
S. Nome and Address of Committee and Amend					<u> </u>			7. Name and Address of New Registered Agent						
6. Name and Address of Current Registered Agent						Name	· · · ·	7. Name and Add	ress of New Reg	jistered Aç	gent		┨	
LYON, KAY E						Street Address (P.O. Box Number is Not Acceptable)								
519 ST TF														
ST. PETERSBURG FL 33703					-								╛	
					City				FL	Zip Cod	е			
8. The above named entity submits this statement for the purpose of changing its reg						ed office c	or register	red agent, or both. in	the state of Florid	la.	1		1	
and a state of the														
¥ .														
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 Campa Trust Fund Con							*** <del></del>	\$5.00 May Be Added to Fees			Payable t of State		<b>4</b> 3	
10.		OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHANG	ES TO OFFICERS	AND DIRE	CTORS IN	10	_	
TITLE .	TD _			Delete	TITLE		TD				Change	☐ Addition	(9/01)	
NAME	WEDLER, RAYMOND				NAM		Mar	silio, Do	omenick	•				
STREET ADDRESS	333 31 11:01 22 311:112					ET ADDRESS	491	St, Trope	ez cir 1	ひと	-		18	
CITY-ST-ZIP		ERSBURG FL 33703			CHY	·ST-ZIP	<u>\$</u>		urg FL	<u>33,</u>	705		CR2E037	
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CITY-ST-ZIP		ERSBURG FL 33703				ST-ZIP	518 5-	1 3/ 100	pez cire	ひと	2253	,		
TITLE	PD	ENODONG 1 E 00700		Delete	TITLE		I D D	•	purs +	L 2	Change	☐ Addition	-	
NAME	DAVIS, LAV	WRENCE		L. Delete	NAME		MAD	re Mar St. Trope	ilyn		A Change	☐ Accidon		
STREET ADDRESS		OPEZ CIRCLE NE				ET ADDRESS	527	St. Trace	z/Cir n	)E				
CITY-ST-ZIP	L	ERSBURG FL 33703			CITY-	ST-ZIP	135,	Petersh	ice El	3376	03			
TITLE	SP			Delete	TITLE		SP.	1	7)		Change	☐ Addition	1	
NAME	LIPE, DIAN	E		7	NAM	i	l Rc.l	gards, F	rank		_ •	_		
		OPEZ CIR NE			STRE	ET ADDRESS	496	1 St. Trope.	e Cir V	$0\varepsilon$				
CITY-ST-ZIP		ERSBURG FL 33703			CITY-	ST-ZiP	St	Perters b	urc FL	337	103			
TITLE	VD	_		☐ Delete	TITLE				)		Change	Addition	7	
NAME	LYON, KAY				NAME	:		<del></del>	<u> </u>	• •	, .	بديات والشكاد	·	
"STREET ADDRESS"	1	OPEZ CIRCLE NE		•		T ADDRESS						•	1	
CITY-ST-ZIP	SAINI PET	ERSBURG FL 33703			-	ST-ZIP	<b>ļ.</b>				_		-	
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NAME STREET ADDRESS					NAME	T ADDRESS								
CITY-ST-ZIP	1					ST-ZIP	ľ							
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12. I hereby certify that the information supplied with this filling 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:** 

1275266131