

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N04461 1. Entry 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 - No P.O. Box # 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				1st MOORE CR2E037 (10/07)	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature typed or marked name of registered agent and true if verifiable. (WOTD) Registered Agent signature with list of where registered. DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPE, DIANE 531 ST TROPEZ CIR NE SAINT PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000829584 02/26/08-80047-010 61.25 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, THOMAS W 514 ST. TROPEZ CIRCLE N.E SAINT PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, MARILYN 527 ST. TROPEZ CIR NE SAINT PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP RICHARDS, FRANK 449 ST. TROPEZ CIR NE SAINT PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYON, KAY E 519 ST. TROPEZ CIRCLE N.E. SAINT PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *Kay E. Lyon VP 2/13/08 727 526-6731*