2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N04461

Entity Name: NEIGHBORHOOD A HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4691 LAUREL OAK LANE NE
ST. PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2454544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	LIPE, DIANE	
Address:	531 ST TROPEZ CIR NE	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:	T	( ) Delete
Name:	MORGAN, THOMAS W	
Address:	514 ST. TROPEZ CIRCLE N.E	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:	PD	( ) Delete
Name:	MOORE, MARILYN	
Address:	527 ST. TROPEZ CIR NE	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:	SP	( ) Delete
Name:	RICHARDS, FRANK	
Address:	449 ST. TROPEZ CIR NE	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:	VP	( ) Delete
Name:	LYON, KAY E	
Address:	519 ST. TROPEZ CIRCLE N.E.	
City-St-Zip:	SAINT PETERSBURG, FL 33703	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SP	(X) Change ( ) Addition
Name:	RUSSICK, CHRISTOPHER	
Address:	490 ST. TROPEZ CIR NE	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY E. LYON VP 01/22/2009

Electronic Signature of Signing Officer or Director — Date