



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

04-19-2007 90206 026 ****61.25

DOCUMENT # N06000005223 1. Entity Name NEIGHBORHOOD ASSOCIATES INC					
Principal Place of Business 523 SHANE CIRCLE WINTER SPRINGS, FL 32708			Mailing Address 523 SHANE CIRCLE WINTER SPRINGS, FL 32708		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03252007 Chg-NP CR2E037 (12/08)	
Zip		Country		4. FEI Number 205-00-3991	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent WILLIS, SHIRLEY J 523 SHANE CIRCLE WINTER SPRINGS, FL 32708		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.80 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	<input type="checkbox"/> Delete P WILLIS, SHIRLEY J 523 SHANE CIRCLE WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Shirley J. Willis</i> (SHIRLEY J. WILLIS)			4/17/07 407/695-2141		

ATTACHMENT



DEPARTMENT
OF REVENUE
Jim Zingale
Executive Director

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0100
1-800-482-8293

66013863
#N06006005283

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

NEIGHBORHOOD ASSOCIATES INC
% SHIRLEY J WILLIS
523 SHANE CIR
WINTER SPGS, FL 32708

Document ID: UCSFL30R
Mailed On or Before: 09/27/2006

NOTICE OF POTENTIAL LIABILITY

FEIN: 20-5003991

You were recently assigned the Federal Employer Identification Number shown above.

~~If you have any employees in Florida, you may be liable under the Unemployment Compensation Law if you meet any of the following criteria:~~

- ~~* You have a \$1500 quarterly payroll or at least one worker for twenty (20) weeks in a calendar year. Corporate officers performing services are considered employees (includes 'S' corporations).~~
- ~~* You have a 501 (c) (3) IRS exemption with four (4) or more workers for twenty (20) weeks in a calendar year (Churches and church owned organizations are exempt).~~
- ~~* You are an agricultural employer with a \$10,000 quarterly payroll or twenty (20) weeks in the year with five (5) or more workers.~~
- ~~* You paid \$1000 in a quarter for domestic services in your private home or college club.~~
- ~~* You are liable for federal unemployment taxes.~~

Please complete and return this form to the address shown above or you may call the telephone number also shown above. Registration forms may also be obtained at our www.myflorida.com/dor/forms website.

Date of first employment _____

Quarterly payroll _____

If none of the above criteria has been met, no response is necessary at this time.

Account Management-UT