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

**FILED**
**Feb 14, 2008 8:00 am**
**Secretary of State**
02-14-2008 90021 034 ****61.25

DOCUMENT # N21850

1. Entity Name

NEIGHBORHOOD E HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O SEABOARD ARBORS<br>2189 CLEVELAND ST., SUITE 225<br>CLEARWATER FL 33765<br>US | C/O SEABOARD ARBORS<br>2189 CLEVELAND ST., SUITE 225<br>CLEARWATER FL 33765<br>US |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2900870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGT
2189 CLEVELAND ST., SUITE 225
CLEARWATER FL 33765

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | PSD<br>AUTHIER, MARY<br>5268 WHITE SAND CIRCLE NE<br>ST PETERSBURG FL 33703 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MCBRIDE, TOM<br>5212 WHITE SAND CIR NE<br>ST. PETERSBURG FL 33703 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SMITH, MIKE<br>5274 WHITE SAND CIRCLE NE<br>ST. PETERSBURG, FL 33703 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SLESZYNSKI, LIANE<br>5286 WHITE SAND CIRCLE NE<br>SAINT PETERSBURG FL 33703 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KOCH, DAVE<br>5212 WHITE SAND CIRCLE NE<br>ST. PETERSBURG, FL 33703 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, RICHARD<br>745 WHITE SAND DR NE<br>SAINT PETERSBURG FL 33703 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, MICHELLE<br>5215 VENICE WAY NE<br>ST. PETERSBURG, FL 33703 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** x Mary K Authier Mary K Authier 2/5/08 727-744-7255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #