


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90001 011 \*\*\*\*70.00

<b>DOCUMENT # N31922</b> 1. Entity Name <b>NEIGHBORHOOD G HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>SEABOARD ARBORS MGT SVCS INC.</b> <b>2189 CLEVELAND ST STE 225</b> <b>CLEARWATER, FL 33765 US</b>			Mailing Address <b>SEABOARD ARBORS MGT SVCS INC.</b> <b>2189 CLEVELAND ST STE 225</b> <b>CLEARWATER, FL 33765 US</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEIGHTON, LEN 2189 CLEVELAND ST., STE 225 C/O SEABOARD ARBORS MGMT SRVC. CLEARWATER, FL 33765				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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODGETT, LEWIS		NAME		
STREET ADDRESS	932 LIVE OAK TERRACE NE		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORSUK, GEORGE		NAME		
STREET ADDRESS	860 LIVE OAK AVE NE		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, TOBIN		NAME	SD	
STREET ADDRESS	895 LIVE OAK AVENUE NE		STREET ADDRESS	LAMBRODIS, KONSTANTINE	
CITY - ST - ZIP	ST. PETERSBURG, FL 33703		CITY - ST - ZIP	990 LIVE OAK AVENUE NE	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPIEGEL, BOB		NAME		
STREET ADDRESS	763 LIVE OAK TERR		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, CANDACE		NAME		
STREET ADDRESS	895 LIVE OAK AVENUE NE		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<div style="display: flex; justify-content: space-between;"> <span>Robert S. Spiegel</span> <span>5/24/07</span> <span>727-323-5414</span> </div>					
Date Daytime Phone #					